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ORIGINAL ARTICLES.

A CONTRIBUTION ON THE TREATMENT OF VARIOUS FORMS OF PHTHISIS PULMONALIS.

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AUTHORITIES CONSULTED.

Loomis, Diseases of the Respiratory Organs and Am. Med. Ass., 1878; Ziemssen, Cyclopædia of the Practice of Med., Vol. V.; Watson's Practice of Med., Vol. II.; Flint's Practice of Med.; Niemeyer's Text Book of Practical Med., Vol. I.; Medical Record, 1877-8; St. Louis Med. and Surg. Jour., 1877; N. O. Med. and Surg. Jour., 1877; Raue's Record, 1874 (R. R. Gregg, C. C. Smith, H. N. Guernsey, H. V. Miller, W. H. Holcomb), Homœo. Times, 1878; Notes taken at Ward's Island, Homœo. Hosp., 1877; Raue's Therapeutics; Johnson's Key.

PROPHYLACTIC TREATMENT.—Nearly two-thirds of the yearly average of deaths in this latitude are due to the various forms of pulmonary phthisis. This simple statement will suffice as an apology for any contribution designed to afford aid in combating so formidable a foe to human life and happiness; and since prevention is better than cure, its prophylactic treatment should first engage our attention. This should be begun either at or before the birth of the subject. One of the most important hereditary conditions to be modified or removed is *scrofula*. The more thoroughly the systems of the rising generation can be freed from this taint, the less will be their liability to the diseases, we are considering. Phthisical mothers should never be allowed to nurse their own offspring, but should procure a healthy wet nurse (*i. e.*, one in good mental and physical condition, and also exempt from a phthisical history). If such a person cannot be found, we must resort to cow's milk. The milk of a single cow is preferable. This milk must always be boiled and should be but slightly diluted, even at first. The prevalent idea that cow's milk is concentrated as compared with human milk is incorrect. The children must not be bandaged, but must have the utmost freedom of the extremities and chest.

They must have plenty of fresh air and sunshine. Even when quite young they should be taken out every day unless the weather is very inclement. This remark is applicable to all cases of phthisis. They must wear flannels the whole year round as a safeguard against draughts and sudden changes of temperature.

They ought to have a bath every day. During early life it may be of warm water, but by the second year it should be brought down to a temperature of from 68° to 74° Fhr., thus hardening the body and lessening the tendency to take cold. A very important rule to observe in this connection is that the surface should always be well dried after the bath.

As the period of dentition approaches the diet of our little charges should be changed. Beef broth with or without milk may be given. Under no circumstance should the milk be diluted with water. If good beef broth cannot be procured, a little of the London essence of beef may be substituted; crusts of bread and potatoes may now be allowed, the crusts especially, because the heat has transformed the starch which they contain into dextrine, which is very nutritious and easily digested. The prevalent idea that the crusts must be moistened is a mistake; if given dry they are mixed with the saliva and more easily digested. Thus prepared an increased amount of both liquid and solid food will be taken and assimilated. During childhood and youth, in general, careful attention must be given to medication and hygienic surroundings. Frequent change of residence is advisable, so that the subject may not remain too long in any one climate, this constant change being one of the most powerful agents in breaking up a phthisical tendency. During childhood special care must be given to the many complaints peculiar to this epoch. Whenever treatment is required it should always be continued until every trace of the disease has disappeared, and the general nutrition has returned to its normal standard. Especially should this rule be observed in bronchial and pulmonary troubles, including all "colds," no matter how trivial they may seem. Children predisposed to phthisis should have plenty of out door exercise, walking and running being the best; the use and cultivation of the voice in singing is a very beneficial practice; trained singers very rarely die from phthisis. They should take special exercise calculated to promote what may be called pulmonary development, such as drawing back the shoulders, and then filling the lungs to their utmost, if one lung seems a little below the normal standard of capacity, holding up the arm of that side during a portion of their exercise will aid in its expansion. (These exercises should be practiced by all growing children). Their sleeping rooms should be large and lofty, well lighted and ventilated, since the carbonic acid fetid exhalations and foreign particles of various kinds with which impure air is laden, are leading factors in the production of phthisis. If the children attend school they should take a large amount of out-door exercise, but their attendance should not be allowed if they are suffering from any illness, for the reason that our school buildings, as at present constructed, are merely gigantic predisposing causes for the production of phthisis, owing to the overcrowding of the pupils in ill ventilated rooms, and the constrained and unnatural position they are compelled to take during most of the six hours' daily spent there. On no account should this class of school children be allowed

to prepare for their recitations at home, or receive private lessons, as on the piano, etc.; and should any tendency to decline be revealed, they should be kept out of school for a year at least, and every opportunity given for the renewal of health before resuming their studies.

Phthisically disposed persons should select such occupations as will give them the greatest amount of out-door air, together with sufficient mental employment, rather than those sedentary pursuits which necessitate a constrained position of the body, and the inhalation of foreign or noxious particles, etc., etc.

All persons suffering from cachexy or anæmia, or who from any cause have had their nutrition interfered with, or who show signs of an enfeebled constitution, as displayed in loss of strength and vitality, with emaciation, should at once be placed under such conditions as are most likely to correct these tendencies, and to invigorate the general constitution. Business or residence should be temporarily changed, counting house and club should be abandoned, and if the patient live in a malarial region he ought to remove from it at once. Persons with an inherited or acquired tendency to phthisis ought never to take any kind of alcoholic stimulants (although some of the malt liquors are at times quite beneficial) even when suffering from physical exhaustion. This condition, however, they should carefully avoid, never carrying exercise to the point of over-fatigue or breathlessness. When general weakness is manifested, ferruginous preparations, or the natural chalybeate waters, are sometimes of great service. They must shun all crowded assemblies, such as are met with at theatres, balls, etc., where the inhalation of foreign particles in the heated atmosphere soon leads to congestion of the lungs, and the sudden transition to the cool open air on leaving is liable to be especially injurious. To prevent sudden chilling of the surface flannel or silk should be worn next the skin, both in summer and winter. Diet should be simple and easy of digestion, but very nutritious. All kinds of wholesome food—flesh, milk, farinaceous articles, and the various vegetables, but especially cream, fatty meat, starch and sugar—should be allowed in as large quantities as the patient can readily assimilate, and in case of hunger, five or six meals per day may be taken to great advantage.

It should be the object of our treatment at this period to carry nutrition to its highest point, and restore the full activity of the vital functions. *Sulphur*, *Calcarea carb.*, *Iodinum* and *Syphilinum*, in the highest potencies, will be found of great service in accomplishing this result. An important but too-much neglected agent of a different class is *massage*. This acts especially upon the capillary circulation, and by imparting tone to the muscles it arouses their vitality and restores them to a normal condition.

Sea and river bathing or a sponge bath at about 64° to 68° Fhr., when judiciously employed, is another very important means of removing this tendency. After the bath the skin must always be thoroughly dried with a coarse towel, whose meshes are filled with salt. An ocean voyage, a residence on a small sea island, or a winter in the South, will frequently give very satisfactory results.

Climate Treatment.—This subject has been discussed very thoroughly by Professor A. L. Loomis, and from his writings a large amount of the material here employed has been derived.

In commencing we can do no better than give a few leading rules in regard to phthisical patients in general.

I. This form of treatment is applicable to all cases of phthisis in the first stage (frequently of itself producing a cure), and is often very beneficial in the second stage.

II. Never send a patient in the third stage of phthisis away from home. It will do him harm instead of good; for at this time he wants home comforts and care, with the cheering words of his friends to lighten his pathway, as he is held tighter and tighter by death's grim hand, and we all know that any attempt at climate treatment in this stage will be unsuccessful.

III. The climate treatment of tubercular phthisis is useless, therefore the victim of this malady should remain where he can have suitable advice and the comforts of a home during the few weeks or months which may be allotted to him on earth.

IV. In whatever region a patient finds that he improves, there he should remain until improvement stops, or health has been regained, the latter can occur only after a prolonged stay.

There is no special region or quality of air that will improve all cases of phthisis. Many varieties are needed, and here in America we can find them all. The only objection (and it a grave one) that can be raised against this treatment is, that some of the more desirable regions are as yet but partially civilized, and many years probably will elapse before our patients can go to any preferred locality and have the surroundings they require, such as comfortable houses, good food, etc. But under no circumstances should we allow a phthisical patient to go to, or remain in, a region where he cannot be out-doors at all times without danger.

Atmospheric pressure was thought at one time to have an important bearing in the climate treatment of this disease. Experience has shown that a slight diminution in pressure has no marked effect upon nutrition, but a reduction of one fourth may give rise to various disturbances, which will favor instead of retard phthisical changes.

Altitude has also been regarded as a cure and prevention of phthisis. This has been found true only to a certain extent. When the inhabitants of elevated regions engage in occupations which confine them to close apartments, whose air is filled with dust and small spores, this dreaded disease soon makes its appearance among them. It is now an established fact that all organic matter, whether of a gaseous or putrifactive origin or consisting of microscopic germs, which are inhaled with the air into the lungs, are capable of causing phthisis in one previously quite healthy. Now the reason why elevation acts as a partial barrier against phthisis is, that these minute floating particles in the air become less numerous as we ascend from the sea-level. This fact has been ably confirmed by the experiments of Professor Tyndell. We can now see how altitude may be utilized in the treatment of phthisis on reaching an elevation of 1,500 or 1,800 feet, we find an atmosphere which, as a rule, contains but a small number of deleterious particles (the exceptions are the Catskills and White Mountains. Patients sent to either of these regions almost without exception grow worse. The death rate at the White Mountains from phthisical diseases is about twenty five per cent. of the whole). Thus, generally speaking, the air of the mountains differs from that of the towns in not containing so large a quantity of these foreign substances, which might be described as both chemical and irritant in their action. Now, an atmosphere which contains the fewest of these particles, all other things being equal, will be the best for our patients, for reasons before cited.

The principal known agents in purifying the atmosphere of these particles are *ozone* and *rain*. Chemistry has demonstrated that ozone will purify the air at any temperature by destroying injurious gases and oxidating decomposing organic matter. It differs from oxygen in acting much more powerfully and in not requiring a stated temperature. Thus we see why regions having a primitive pine, spruce or hemlock forest are so beneficial to phthisical patients, the turpentine which they exhale transforms the oxygen into ozone, causing the great purity of the air in these regions. In such an atmosphere patients feel greatly exhilarated, because their lungs have no longer any impurities to contend with, and in this way phthisical changes are antagonized. Mountain and sea air contains an excess of ozone, and when we send our patients away we

should always send them to such an atmosphere. Ozone in itself, however, has no effect in hastening or retarding phthisical changes. Climates having numerous rains are very favorable, as the showers carry down to the ground all the small solid bodies in the atmosphere, and thus greatly aid in its purification. Hence arises a strong arguument against sending phthisical patients to regions where but little rain falls. A damp climate, whether cold or warm, is, without doubt, very unfavorable; but such dampness does not arise from heavy rains or the proximity of large bodies of water, but from a poor soil drainage, as is found in all regions having a clay soil. The soil, in a region favorable to phthisical patients, must be loose, porous, and sandy, so as to drain quickly after a storm.

Temperature at one time was thought to be of great moment in the treatment of this disease, a mild climate being sought for, but this was a mistake. One patient will improve rapidly in a warm climate and decline in a cold one, while with another the reverse will be the case. This question must always be decided by referring to idiosyncrasies. Of the large number of patients in the first and second stage of phthisis, who annually go from the north to the south. the most of them will improve at first, but soon this improvement gives way to a rapid degeneration and breaking down of the lung tissue, and death quickly closes the scene. The class of patients who profit most by this removal are those who have little, if any, consolidation of the pulmonary tissue, but who, having suffered from some acute pulmonary trouble, have not rallied from it, and seem in imminent danger of commencing phthisical changes. A winter in the South, under these circumstances, will, as a rule, break up this tendency. The locations which are the most desirable are Aiken, S. C.; Palatka, Enterprise, and Gainesville, Fla., and Thomasville, Georgia.

Much has been written in regard to the effect of day and night air respectively, but we find that they differ only in their temperature, the night air being a few degrees the cooler.

Having considered the various qualities of air, etc., we will now turn our attention to the difference between mountain and sea air. Chemically speaking, they are alike in most respects, but mountain air is less dense, of a lower temperature, and less humid. Both contain an excess of ozone,and consequently have great freedom from organic matter. Both are cool and subject to much less variation in temperature than the inland atmosphere. Experience has taught that one class of patients will improve at the sea side while another is benefitted only by mountain air. Now, the question arises, where shall we send our patients and be sure of their receiving more or less benefit from the change? Professor Beneke has demonstrated that tissue changes take place more rapidly at the sea-side than on the mountains, and from this Professor Loomis has deduced the following rules:

I. That patients, in whom the tissue change does not need hastening, are better in the mountains than by the sea-side.

II. Persons past middle life, in whom phthisis has been developed, do better in sea than mountain air.

III. Phthisical persons should not go to the mountains unless they are capable of considerable muscular activity.

IV. As a rule, an exhausted, nervous system with an over-taxed brain from mental labor, or an all-absorbing occupation, yet accompanied with considerable muscular power, will improve in the mountains. When, however, the tissue change requires hastening or stimulating, the system being in too feeble a condition for muscular exercise, our patient should go to the sea-side.

V. Sea air is best for those who cannot tolerate any sudden change in the atmosphere, while the susceptibility to such changes is greatly reduced by the mountain air. The climate most desirable for phthisical patients generally would be one having an elevated site, with dry porous soil. All low lying places should be avoided. But generally we can decide where our patients will do best by ascertaining if possible in what kind of weather they feel most vigorous for the time-being when at home. The region whose prevailing climate corresponds to this will be most likely to afford them benefit.

Catarrhal phthisis has made the most rapid improvement by an abode of from one to three years in a mountain region, at an elevation of 1,500 or 2,000 feet. The two regions which have thus far given the greatest number of cures are Ashville, N. C.; and the Adirondack regions of N. Y. A higher or lower altitude, as a rule, will be injurious, but of course there are exceptions. Fibrous phthisis, however, whether originating in the pleuræ or bronchi, and even after retraction of the chest is well marked, will improve and often get comparatively well in places having a high altitude, as Colorado and the Rocky Mountain regions; and especially is this improvement observed when the disease is associated with an asthmatic or emphysematous condition, while sufferers from catarrhal phthisis almost invariably get worse in the same location, the altitude being a strong predisposing cause of frequent and severe hemorrhages. Both catarrhal and fibrous phthisis are sometimes improved by a sea voyage or a residence on a small sea island. Before closing, it may be well to say something in regard to certain regions which at present are thought to be of great advantage to phthisical patients. California, especially the southern portion, is adapted to those who require a dry, warm climate. The rainfall and heat vary greatly in different portions of the State, but in all of them the atmosphere is bracing and the temperature equable. On this account many patients improve at Santa Barbara, San Diego, San Jose, San Bernardino, etc.

The air of Colorado is mild and very dry, the annual rainfall being about sixteen inches. The atmosphere is very exhilarating, and the temperature varies but slightly during the whole year.

In Florida the climate is moist and warm, with a rainfall of about forty inches per year, the average temperature being about 73° Fhr., with a variation of about 25° Fhr. The most important resorts here are Enterprise, Gainesville, St. Augustine, and along the St. John's river, at Jacksonville or Magnolia.

Georgia.—The climate is quite mild and dry, with a rainfall of about twenty inches. Augusta is the most noted resort. It is situated near large pine forests and has a sandy soil.

Minnesota has a dry, cold, clear climate, with an elevation of about one thousand feet above the sea, and has large pine and spruce forests. The air is very exhilarating, but the temperature is subject to marked variations. These, however, are of no account, as the dryness of the air prevents any injurious effect upon phthisical patients. The winters are long, spring short. The summer has hot days and cool nights; autumn cool and pleasant.

New York.—The Adirondack region has a cool and moderately moist climate, with an altitude of 1,700 feet. Winters are cool. Temperature is equable; in summer it ranges from 50° to 70° Fhr. The atmosphere is very exhilarating.

South Carolina, especially Aiken, has a sandy soil; atmosphere clear and mild; an altitude of 1,000 feet, and near large pine groves. The spring months are said to be the most beneficial.

Bermuda has a warm, moist climate, with an average temperature of 60° Fhr., but this does not produce any languor. It is subject to cold southwest storms. Nassau has a very favorable cimate. Turk's Islands, Santa Cruz, St. Thomas, West India Islands and Cuba have similar climates, and are more or less noted as resorts for this class of patients.

Canada has a dry, cold atmosphere, with large forests, and absence of high winds in the winter.

In regard to foreign resorts, a sedative and relaxing climate, with an absorbent soil, free from malaria, can be found in Australia and New Zealand. The Isle of Wight, Torquay, Hastings Ventuor, Bournemouth, and Penzance, in England, have an average temperature of 50° Fhr., with south and southwest winds.

Brighton, Southport, Queenstown, and the southern coast of Scotland have a moist, bracing air, westerly winds in the spring, and easterly winds in early summer, with an average temperature of 47° Fhr.

Mentone, Cannes, Ajaccio, Malta, Malaga, or Algiers, has a clear, bracing stimulating, climate, with a cloudless sky.

On the northern shores of the Mediterranean and the Azores, or Western Isles, we find a mild, moist, bracing air, and a temperature of 54° Fhr., but subject to northwest winds.

The climate of Madeira may be similarly described, but is warmer and more moist, with a very equable temperature.

St. Moritz, in Eugadine, has a cold, stimulating, bracing air. Egypt and South Africa have a dry and invigorating climate, but the great difference between day and night temperature makes it, as a rule, very undesirable.

(To be continued.)

PARALYSIS, AND THE PRINCIPLES OF ITS RADICAL TREATMENT.

BY GEO. H. TAYLOR, M. D., NEW YORK.

In paralysis, failure of muscular power is, in the estimation of the patient, the chief element of his disease. It is for the restoration of muscular power that he appeals to the physician, who, knowing that loss of nervous control causes his disability, applies such remedial measures as will most directly excite action of the muscles of the disabled extremities. Not unfrequently, motion itself, in the form of exercise, is invoked as the remedy. This remedy is recommended by its seeming correspondence with the nature of the malady; and by being in form, at least, a palpable supply of a deficiency. This view may be correct or not, according as the remedy is adjusted to the radical, or to the superficial needs of the case. The cause of failure of this as of other remedies lies in the ideas which dictate their modes of use, a want of apprehension of the real issue, and of the adaptation of the means to these ends.

The practical difficulties in the way of investigating nervous affections, are, it must be conceded, very great. These arise from the complex nature of this class of affections; from the multiplicity of influences affecting its phenomena, material and immaterial; the difficulty in determining the absolute quality of these, whether wholesome or otherwise; as well as the nature of the whole phenomena of inter-relation between the sentient and material universe.

On the other hand, investigation is prompted by the grave nature of cases afflicted with nervous affections; by the large and increasing numbers of sufferers. All considerations bearing on the subject are, however, entitled to a hearing, and due weight, thus contributing to increase the resources of the physician.

The leading points to be regarded in the therapeutics of nervous diseases, and especially of paralysis, are the elementary ones of physiology, about which there can really be no essential difference among physicians. Mistakes and failures in the treatment of these cases arise from a misapprehension or neglect of the palpable facts of this science. A brief survey of the physiology of power, and of nervous power in particular, must necessarily precede any discussion of therapeutics.

It is plain that the powers manifested by the vital system through its nerves and muscles, depend on the daily supplies of food and air; it also appears that special power is disengaged by specialized instruments, consisting of nerve centres of the cerebro spinal axis, and the muscles having relations with them.

In ordinary actions, that is, acts wherein power evolved by the system overcomes inertia of some of its parts, and through such parts that of exterior objects, the natural and usual order of manifestation is thus: Certain nerve centres (of the spinal cord), being impressed either by the will, or by some more material excitant, are caused to undergo changes, probably both molecular and chemical, such change being caused by the impressing agency. The gray matter, whether of the brain or spinal cord, is thus made the seat of activity. There can be no doubt of the separation of force from substance engaging in these changes; the one, altered in form, precedes outward by conditions and channels provided, and the other is transmitted by appropriate conductors or nerves to certain muscles. Next, the muscle cells composing the muscular fibres are, by impressions thus received, made to change their shape; to become broadened and flattened. This change of shape of cells compels the ends of the fibres into whose composition they enter, to approach each other with the united force of the cells thus suffering change. Doubtless, also, there is loss of matter here, which passes on shorn of force or power in directions provided, while the disengaged force is concentrated on exterior objects, or disseminated, as the case may be.

For the purposes now contemplated, attention is specially called to the following facts:

That the natural conditions for the evolution of power of any kind are ever present in contact with the acting organ, supplying matters charged with force to be specialized and transformed by the organs themselves.

That this presence and readiness to engage in vital acts is made possible by the circulation of the blood bearing the required nutrient, organizable, and oxidable matters, and oxygen, by the interaction of which power is disengaged.

That every act, whether of nerve centres, muscles, or both, so impresses the organism, that an increased flow of blood in the direction of the acting part infallibly occurs.

That such impression and consequent onflow is a condition without which no power can for a moment be sustained at any point.

That the action for the manifestation of force or power is ordinarily duplicate, that is, occurs simultaneously at two points, dissimilar and removed from each other, in *equal ratio* or equal potential degree; and that this co-relative action is essential to the maintainance of the equilibrium of the system, and its integrity as the means of manifesting the two classes of power.

It is necessary here to explain that in this hypothesis of equilibration of the organic activities, proved by effect of remedies and phenomena of morbid conditions rather than by exact demonstration, the element of *time* should enter: and though one class of organs may, transiently, act without the other, yet there comes equality through successive acts; and, further, the vastly greater volume of the muscles must be regarded; and still further the influence of involuntary, muscular activity, waking and sleeping, while the nerves, and especially the volitional functions are practically inactive, in restoring the equilibrium due after mental labor or excessive emotional activity, is to be kept in view.

The inferences deducable from the foregoing statements will now be apparent. The leading inference explains the primary facts of nervous diseases, which between the extremes of greatest excess of manifestation, as in hysteria, neuralgia, and epilepsy, to suspension of function or paralysis, may be regarded as an unit, having an infinite variety of branches in diverse directions, and all degrees of development. This de-

duction relates to the consequences of action of nerve centres, *without* the due muscular counterpoise. The circulation in all cases is impressed to flow *only* in the direction of the acting parts, and *not* in the opposite direction; the consequence plainly is, that the amount of blood in the local region of action is increased. The vessels are distended, exosmosis predominates, and the degree of this effect is proportional to the time of its continuance. Excess of activity of the nerve centres awakening the sense of pain; and varying degrees of inertia successively indicate corresponding departures from the physiological condition of counterpoise. The primary physical condition now described is coarsely indicated by the terms hyperaema, congestion, inflammation, etc. A mild phase of these states of the nerve centres is implied by fatigue. All primary degrees of this condition of nerve centres are removed by sleep, wherein involuntary muscular action preponderates, there being absence of nerve action; by the natural preponderance of muscular action as a consequence of its manifold greater mass; by ordinary muscular action, in which there occurs effortless intervals in which action is spontaneous; and in special cases by special and always involuntary muscle action, in which case motion is remedial.

In the light of the above statements, the prevalence and the intractability of nervous diseases and paralysis become intelligible. The habits of modern society and life promote activity of the nerves, and favor various degrees of excess. This is true as related to either the sensations, the emotions, or the intellect, or all combined. The dietary habits of modern life, especially including the constant use of extra dietary substances and drinks used for the express object of exciting the nerves while rather repressing muscular action, all lead peculiarly to the same end of cerebro spinal hyperamia, and its direct and its remote consequences—shattered, irregular power, and paralysis.

REMEDIES.—We are now prepared to judge of the ideas which underlie the ordinary use of remedies, whether drugs, or so-called hygiene. These ideas, however defined and explained, practically exclude the physiological counterpoise required by nature. The purpose of remedies for one class of cases is to goad the reluctant nerve centres to increased manifestation of power by any means capable of producing this effect. Such incitement is practically to concentrate nutritive materials at the nerve centres, without however having the least reference to muscular incitement, and the counterpoise it brings. The nerves act without the muscles, and are supplied too abundantly with blood; the muscles suffer from its need. Strychnine and allied drugs are the practical types of this idea. The encouragement with which the poor sufferer is at first inspired, is sooner or later succeeded by greater disability and discouragement and unless circumstances favor some physiological counterpoise, which sometimes happens, the last end of such invalids is worse than the first. The redemption from the injury of prolonged excitation of central nerves by the class of remedies designated, and from the consequent prolonged hyperamia thus superinduced, is well nigh impossible.

Another class of cases are plied with what are regarded as sedatives, fitly represented by opium, the bromides, etc., with ultimate results fully as mischievous It is a most singular instance of the fatuity of the human mind that those who employ drugs in voluminous quantities are least apt to observe that the ultimate effects often but slightly differ, whether the primary effect be to restrain or to excite manifestation of nervous power. The use of sedative drugs is generally succeeded by *increased* sensation, implying increased action, and therefore increased nutrition of cerebro-spinal centres; provoking hyperaemia, and its whole train of consequences. very much like what follows directly those whose primary effects are exciting. The observed effect of drugs do, in fact, agree with rational considerations. For, since all power of nerve centres is the product of nutritive changes therein, it follows that all modifications of feeling produced by drugs are mere forced nutritive changes of nerve centres, unaccompanied by corresponding counterpoise of muscular action.

It scarcely needs to be remarked here that these principles afford abundant confirmation of the homœpathic mode of selecting remedies, leaving, however, a complementary indication to be otherwise fulfilled in certain cases.

But the incentives to cerebro-spinal hyperaemia afforded by drugs is not the only, nor indeed the most potent method of abusing the nervous system, and outraging the plain principles of physiology under the pretext of curing diseases of the nerves. A few extra drug methods it may be worth while to notice.

Electricity has been much used as a cerebro-spinal excitant, and though the applications as well as effects are ordinarily transient, they have been observed to prove injurious in the way, and for the reason pointed out, by increasing the irritability of the spine, and its hyper-nutritive results. Doubtless these ill effects could generally be avoided by physicians acknowledging the principles now insisted on, since its applications may easily be isolated, and made to affect the muscles rather than nerve centres, or both, harmoniously.

Sudden alternations of temperature, applied either to the spine or the whole sensory surface, has strong advocates among otherwise bitterly opposing classes of physicians. Water, ice, ether spray, and other mediums bearing heat and cold, are undoubtedly capable of profoundly exciting nutritive changes in the spinal cord, acting both through the sensory nerves, and by reason of the strong impulse afforded to the physiological increase of heat always promoted by cold. When these alternations of sensation, produced by temperature, have been prolonged, the sensory powers are increased to a most extraordinary degree, as has been many times demonstrated by the writer; but the muscular power as invariably diminishes in corresponding ratio. The whole being appears, in fact, to become in time, subordinated to the sensory powers. The facts relating to the influence of strong perturbations of temperature, as once practiced under the name of the water cure, and the cerebro-spinal excitation produceable thereby, afford ample proof of the correctness of the principle set forth in this article.

The direct local application to the head and over the spine of agencies highly exciting to the local nerves — irritating, perhaps destroying to a limited extent the integrity of the skin—has always been a favorite one with physicians; doubtless encouraged thereto, as in each of the instances above cited by the *immediate* functional effects, reflected through the system, and not unfrequently to the muscles themselves. Patients submitting to this mode of nervous excitation are spared the lasting consequences of apparently milder remedies, since these chemically potent applications work their own defeat. The skin once injured or destroyed, ceases to be the point for further applications of the same kind; and while the diseases are continuous for which the applications are used, the remedy from its verysnature is transient, and does not bear repetition. It is quite unnecessary to say that this class of remedies have not the least power to produce nutritive and counterpoise of muscles, and therefore the benefits which is thought sometimes to be derived therefrom, are in a high degree deceptive, and include no true element of cure, however flattering the immediate effect may appear.

And now comes motion in the form of exercise, as a last candidate for the favor of the nervous and partially paralyzed sufferer. Exercise implies effort, action of the will, and it positively evokes nutritive activity and change in the cerebro-spinal axis. Not the least harm is liable to occur from exercise, but positive advantage,

so long as the two co-ordinate channels or instruments of power maintain their equality and counterpoise. Indeed, it is the mode in which the Creator designed the individuality to be expressed throughout its term of life.

But exercise for the sick is duty assigned to incapacitated nerves. Nerve centres are compelled to act, when molecular and chemical changes can be only imperfectly performed. It is compelling a broken vehicle to bear its usual or even greater load, which in the nature of things is impossible. Nevertheless, the attempt, that is the incitement of nerve centres by the will, is quite capable of securing one effect at least, the onward flow of blood-bearing energies into the region from which action is demanded. Under the circumstances of insufficient muscular response, the inevitable consequence, is to increase the cerebro-spinal hyperæmia already existing, and render still more disabled the affected region. Patients suffering partial paralysis are speedily rendered incurable by any remedy after suffering the ill-effects of injudicious exercise.

We are now in a position to understand *why* the often showy effects of remedies usually employed for the cure of cerebro-spinal affections do not, and cannot, in the end justify expectations. They are prescribed under a misapprehension equally of the true nature of this class of diseases and of the real effects of the remedies thus employed. The remedial value of the applications brought under review is really restricted to the most temporary effects — mainly, certain changes in the cerebro-spinal axis *disconnected* with muscles; these at most respond but feebly, and altogether inadequately, and in no proportion to effects of the stimulant. The remedy disassociates what is physiologically associated. On the other hand, the continuous use of these remedies, especially the more potent, infallibly brings the very result for which remedial power is invoked. The careful observer cannot fail to note the disastrous consequences to the nervous system of the habitual use of cerebro-spinal incitation.

Even so apparently innocent a remedial method as that of subjecting the cerebro-spinal axis, or even the skin, to habitual perturbation of temperature, is followed by consequences scarcely less harmful, and is specially apparent in promoting eccentricity of the emotional powers.

The habitual excessive action of the emotions ungoverned by reason, and unantagonized by muscular action, becomes harmful in a similar way, and affords another cogent proof of the same principle.

This discussion of the foundation causes of diseased nerves clearly develops the true principles of cure of nervous affections. The remedy consists of two parts. The first part is negative; it insists on ceasing to promote cerebro-spinal activity by special drugs, including both those whose primary effect is exciting, and those whose secondary effect is similarly exciting, either externally or internally used. All drugs depend for their remedial powers upon superinducing modification in nutrition of the special tissue they affect, and to the extent that the nerve centres are affected thereby, subordinate nutritive activities to that end, and they destroy nutritive equipoise without which health is impossible. For the same reason, it rejects those appliances usually included in the category of hygiene, which produce the same effects.

The second part is positive. It recognizes as a chief element of nervous disease the superfluous material in and about the cerebro-spinal axis, which, being unemployed, degenerates in different ways, and, in whatever form it takes, is obstructive and non-vital. The remedial indications are to *remove* all impediments, whether included in the capillaries or the tissues.

The way of effecting the desired removal is partly mechanico-physiological, partly mechanico-chemical. To cause attrition of the minute anatomical constituents of any part of the body by means of transmitted motion, produces precisely the same effect as is secured by the ordinary action in health, it impresses the organism to compel thither a large increase of blood, which, however, diminishes that retained by hyperæmic tissues. To impart vibrating motion to any region as certainly impels forward the contents of its vessels as pressure of a wet sponge discharges its moisture. In this way the contents of the vessels and of the tissues are easily increased at one point, and dimished at another.

Coincidently, the motion of molecules and atoms brings them into such energetic contact as evoke preponderating affinities; in fact, determines the required and physiological chemical activities. In this way dead, useless matters are resolved precisely as to health.

A REPLY TO "LEADERS TO BLINDNESS."

By J. C. Guernsey, M. D., Philadelphia.

The above is the title of an article by W. H. Winslow, M. D., editor of the *Hahnemannian Monthly*, in which he condemns the able homœopathic teaching of our revered colleague, Dr. C. Hering, of Philadelphia. In the April number, 1879, of *Hahnemannian Monthly*, Dr. Richard Hughes pithily says: "I cannot but ask who it is that speaks thus? It is only very lately that we have heard of Dr. Winslow in homœopathic practice and literature * * * We can hardly yet accept him as a judge, either of persons or of questions. His testimony to the qualifications of teachers or to the rights of a controversy may be of value a dozen years hence; at present it cannot count for much," etc.

Before proceeding further, let us answer the query, "who it is that speaks thus," as this is a fair question and one that the whole profession should be thoroughly posted on.

Dr. W. H. Winslow, formerly an Allopathic physician, graduated from the Hahnemann Medical College of Philadelphia, in 1877. He, therefore, has been in practice only two years as a professed homœopathist. And in further reply, we will refer to the "*Transactions of the Medical Society of the State of Pennsylvania*," (Allopathic). In the published volume (vol. XI.) of the proceedings of its annual meeting, held in Philadelphia, May-June, 1876, we find, on page 18, enrolled as a "delegate to and permanent member of" said Society the name of W. H. Winslow. During the session of this meeting, according to page 29 of this volume, we find said Dr. Winslow offering the following resolution:

"We, the delegates of the Pennsylvania State Medical Society, hereby express our earnest desire that the faculties of the regular medical schools shall demand of each candidate for graduation a certificate of three years study of medicine, from a regular physician, whose respectibility is indorsed by the county society." This was offered as an amendment to another resolution with the intention of preventing medical students "openly avowing their intention to practice Homœopathy"* from graduating from allopathic colleges.

On page 30 we read, "After discussion, on motion, the whole subject was laid on the table."

As if not satisfied to let the matter rest here, but desiring, if possible, to push his intentions to fruition, on page 37 we find that once more "Dr. W. H. Winslow, of Philadelphia, offered the following:

"*Whereas*, It is a well-known fact that students of Homœopathic physicians, as well as many of those of the regular profession, are permitted to graduate at our medical colleges, often without any certificate of three years study being demanded, and, when so demanded, *the status of the signer is not determined*;† therefore, be it

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* See resolution in same volume, page 29.

"*Resolved*, By the Pennsylvania State Medical Society, that this condition of affairs shall be explained, by committee or otherwise, to the Deans of our Medical institutions, that *so grievous an evil*† may be remedied." "After some discussion, on motion, it was indefinitely postponed."

Thus we see that in 1876, Dr. Winslow, like Saul going down to Damascus and breathing out threatenings and slaughter against the Christians, rose up in his State Society and breathed forth threatenings and slaughter against the Homœopathists, even to the disgust of his Allopathic confreres, who sat down heavily upon him; and in 1879 he is editing a homœopathic journal and dictating Homœopathy to life-long Homœopathists! This remarkable change in Dr. Winslow is almost equal to that which came over Saul when he was converted during that remarkable ride, and we presume its occurrence came about in the same way, *Dei gratia;* but there is this difference, that Saul was a thoroughly indoctrinated Christian, while it is very plain from Dr. Winslow's writings and teachings that, if the light of homœopathy *was* shed upon him, but little if any of it penetrated to his spirit and understanding.

Here, indeed, has a "Daniel come to judgement." A man who, just three years ago, was striving, as he thought, and as he wished, to hamper and persecute medical students intending to practice homœopathy, and who only joined *our* ranks, about *two years ago*, arrays himself in open controversy with Dr. Hering, who has spent half a century of vigorous manhood, and has brought to bear an exceptionally clear and thoroughly educated intellect on the advancement and exemplification of homœopathy, one whose very name is synonymous with the law of the Similars, and one to whom thousands of beneficiaries in our profession and among the laity do homage to his universally acknowledged abilities and bend the knee in gratitude for his professional skill.

I "was stirred to this outburst by reading the incongruous article," "Leaders to blindness," by Dr. W. H. Winslow in the May number of the *Hahnemannian Monthly*, in which he arraigns Dr. Hering as one of those bad leaders who "build laws on exceptions, disregard pathological science, assert their own illy-matured opinions vehemently, and charge eye surgeons from Von Graefe down with dishonesty."

Dr. Hering's whole life has been exemplified by his ready and entire obedience to known and established laws of nature (and among these to the *law of the Similars* he has rendered noble assistance in the demonstration of its truth and applicability)—laws which have been well proven by his own widespread experience, and amply corroborated in addition by hundreds of honest and scientific men; he is well versed in pathology and physiology, and he knows far better than many of his younger confreres, especially those who are *quite young* in the profession, just how much use to make of this knowledge. His opinions, especially on medical topics, have always been carefully matured before he "vehemently asserts" them; and a few minutes conversation with Dr. Hering will convince any one that he does *not* charge Von Graefe, as he believes he did his best with the light he had, though he may and no doubt does charge some of Von G.'s followers "with dishonesty."

On March 23, 1876, the homœopathic physicians of Philadelphia honored themselves by tendering to Dr. Hering a complimentary banquet in commemoration of his fiftieth anniversary of starting in the practice of medicine, he having graduated from the University of Wurzburg in 1826. A large number of physicians from Philadelphia, New York City, Brooklyn, and Easton were present, and among them Dr. P. P. Wells, who had been especially invited to attend to respond to the toast, "*Constantine Hering, fifty years a doctor.*" In the course of his remarks, Dr. Wells spoke as follows: "Enquiry and experiment were his constant employment. In these he never grew weary, and from these he never ceased till he had accomplished the objects of his mission; work ever seemed his only rest. In these labors, nothing by its minuteness escaped his observation, nothing by greatness his mastery; nothing by its evanescence eluded his grasp. The molecule, the planet, and the lightning even were each and equally compelled to stand and yield up their secrets to the mastering mind of this young man. * * * And then, further, he has taught us by contributions to the literature of our school, to an extent surpassing those of any man. The importance of these contributions is equal to their extent. The wealth of thought and suggestion in these is so great that, in view of it, one of the ablest masters of our school, Haynell, said to me: 'Other men are constantly catching up the sparks which Hering is constantly throwing off, and expanding them into great fires, and passing them off as their own.' And this is true. Take from the literature of homœopathy the contributions of Hering, and you have robbed it of half its wealth."

And now it would, indeed, be truly interesting to know upon what Dr. Winslow was fed, that he has in *two short years* grown so great that he sets himself up in authority over Dr. Hering! It is much to be feared that Dr. Winslow's career will terminate like that of the little frog in the fable, which, in trying to puff itself to the size of an ox, burst in the attempt.

Dr. Winslow, after warning "our younger physicians," himself a very young physician (two years) be it remembered, against the leadership of such men as Dr. Hering, further says: "I consider it a conscientious duty for the sake of our rank and file, and our fellow-men, to protest decidedly against a portion of Dr. Hering's article on "Euthanasia," in the February number of the *North American Journal of Homœopathy*, where Dr. Hering says: "The cutting out of an injured eye to save the well one, as the surgeons say, is always an abominable infringement." These noble words, which are as true as they are noble, can be corroborated by the testimony of numerous of our pure homœopathic physicians all over the world. In this article he instances four cases cured, one by Dr. C. G. Raue, two by Dr. A. Korndoerfer, and one other, name of the healer not given, where "Enucleation" had been declared by their allopathic attendents as unavoidable. Dr. Hering, with truly characteristic modesty, avoids all mention of the large number of such cases he himself has cured, and generously awards the palm of victory to cases taken from the practices of others. Dr. Winslow tries to prove by a string of empty pathological words the falsity of such teaching, and then says: "The presence of the ruined organ is a *constant menace to the sound eye*, if disorganized sufficiently to lead experienced oculists of either school to recommend its removal. Not one, nor four, but thousands of such cases have passed before the bar of surgical judgment, and the opinion is unanimously in favor of removal of disorganized and irritating globes and stumps. To trust to medicine in such cases is fallacious," etc.

Let no one of "our younger physicians, our rank and file, and our fellow-men," allow himself to be led astray by such specious reasoning and heretical conclusions, by forgeting that Dr. Winslow is here giving his allopathic teachings, and that the dicta of that school of practice have no weight or authority in homœopathy. "If disorganized sufficiently to lead *experienced oculists of* EITHER *school to commend its removal!*" It is an indisputable fact that cases have frequently been given over by an allopathist, of just such a kind, which the homœopatist has ultimately cured, *and among these are the very four cases cited by Dr. Hering.* Dr. Winslow says: "I affirm that the removal of an injured eye to save a well one is an exercise of beneficent surgical art: it is correct practice according to the scientific light we have." This is not so. The "scientific light we have," in *homœopathy* points to higher and better things. It

† The italics are our own.

does away with the relics of an ancient barbarity and *unscientific* practice of destroying so important a factor as "an injured eye," which yields symptoms that will guide the honest practitioner to a successful cure. Hear what Hahnemann says: "*For the physician, the totality of the symptoms alone constitutes the disease.*" This is the great underlying principle for all homœopathic physicians and surgeons forever to bear in mind. If we destroy the organ through which the symptoms showing the internal changes made by disease are manifested, we might as well destroy our dictionary to a language. Symptoms are to the physican what the compass is to the mariner upon the boundless ocean; what the "blazed" trees are to the hunter, by means of which he pursues his track through the pathless forest; what signboards are to the traveler, with the index finger pointing him which way to go. Symptoms are flags of distress which kind nature flies to warn us that there is danger ahead, and unless these are subdued ruin will indeed ensue. But, aside from all this, cutting out the injured eye, *per se*, by no means guarantees safety to the well eye. For many a case has been cured by medication, and the well eye saved where, *per contra*, many a well eye has been sacrificed by the tampering of the officious surgeon. And again, the "enucleation" of any organ, or the drawing of an aching tooth, endangers metastasis we know not to what vital part or organ of the body. Instances of this in all kinds of surgical and dental operations are 'oo plentiful, at the elbow of every practitioner to render it necessary to quote any here. The whole subject is really too absurd to dwell upon. The more truly homœopathic a practitioner becomes, the more he studies into and applies our law of cure, so much the less will he tolerate for an instant in his mind the thought of such a miserable shirking of his duty and wretched palliative (*palliative*, Dr. Winslow),* as "the cutting out of an injured eye to save the well one!" "Thousands of such cases have passed before the bar" of skillful homœopathic physicians who have cured cases thoroughly and permanently, as can be well and amply proven by testimony of the patients themselves. And such, I am happy to say, has been my own experience and observation in a practice of nine years.

And now, "I affirm," that I utter the sentiments of "our younger physicians," *by a large majority*, in asserting our *decided* preference for taking as our teacher, *Hahnemann as exemplified by Hering*, rather than the doughty Winslow who is so ready to "flout an angel or overturn a demigod."

Fully endorsing that liberty of opinion which every medical man is entitled to, it appears obvious that in the paper referred to the editor of a professedly homœopathic journal has publicly, deliberately and honestly confessed that he, individually, is utterly ignorant of the teachings of Hahnemann, Hering and all true homœopathic healers, and that he now makes use of his trust as a homœopathic teacher in a so-called homœopathic journal, to endeavor to palm off allopathic absurdities for sound homœopathic doctrines.

THE treatment recommended by M. Brochard for fissured nipples is so simple that it deserves to be popularized. When chaps exist on the nipples, whatever their extent, the nipple should be washed with pure water, and then dried, and dusted with suberine, which, as is known, is impalpable cork powder. Over the suberine is placed a piece of goldbeater's-skin, cut star-shaped, in the centre of which several punctures are made with a fine needle. Every time the child is suckled, the suberine is washed off with water, and the goldbeater's-skin replaced, the child drawing the milk through it without giving pain. When the child is done, the suberine is again applied as before, and so on.

* In the February number of the *Hahnemannian Monthly* Dr. Winslow says he is "assured by his experience that a resort to palliatives is more dangerous to the patient than it would be to do nothing at all."

THE PERIOD OF REACTION.

BY FRANK A. ROCKWITH, M.D., E. SAGINAW, MICH.

"I have read Dr. Doane's article in the January number of this journal, headed "Homœopathy."

For me it was a brilliant production; ay, it was classic! Again have we been permitted to read the thoughts of a thinker; again have we witnessed the testimony of one able and willing to assert his freedom of opinion. I have called it brilliant, because it is free from that whining cant so characteristic of the speech of the hypocrite and enthusiast; and I have called it classic, because of its fulness of the fire of a self-conscious judgment, as well as scholarly erudition. Dr. Doane has spoken the words of thought felt by a majority of untrammeled and clear-headed thinkers of our school, of men whose minds have not yet become atrophied by the arachnoid tissues of fancies and hallucinations, of men but too conscious of the insufficiency and imperfection of their art. Yes, and more yet: of those to whom the Past in knowledge is but a grotesque phantom in the history of science. By that article the doctor has constituted himself a man of mark, and one of whom much will be expected hereafter, in furthering the effects which the flash of light, now given to the heavens by the toss of his flambeau, has caused. There are other men in the school of modern homœopathy equally as imbued with the necessity and truthfulness of the subject at hand, and also equally as brilliant perhaps in mind and capabilities as he, but they are not with us. And why? Simply because, for the same reason which deters men of the old and dominant school from acknowledging the justice of our claims—apathy, cowardice, selfishness. But it must be remembered in extenuation of such faults that it is not easy to espouse a new cause or to act the reformer. They prefer to remain passive, they are willing to suffer even the contumely of the charge of being cravens.

The article in question is enhanced still more in importance by the fact that it was preceded by one from the pen of, concededly, the most successful practitioner of the opposition branch in our school.

The blindly boastful, almost audacious claims of superiority in curative success, as heralded to the world by the distinguished Guernsey, brings the two articles, as if by a preconcerted intention, into perfect juxtaposition.

One equally as sincere and self-satisfied as the other, they charge and countercharge each other's causes, with figures or language not easy of gainsaying, except by the most expert casuistry. The one brings to his aid statistics, certainly the least satisfactory of all the so-called exact methods of reasoning; he brings figures, which, as figures, would be well enough, if only their sources could be proved as well.

The other brings into the field the weapons of common sense, of simple mother-wit, and the consciousness of an untrammeled judgment. They stand, in fact, upon an exactly similar opposition platform as do today the Spiritualist and the matter-of-fact Orthodox of the churches. It is, indeed, idealism *versus* realism; it is extravagance against moderation, radicalism opposed to conservatism.

The question of the doses, which constitutes in reality the chief feature of difference among the two homœopathic factions, is by no means a new one. In fact, the very origin of Hahnemannianism dates from the time when its founder saw that nothing could be made out of his battle-cry, of *Similia*, etc., as a thing *per se*, he was forced to resort to the stratagem of inventing attenuation (*verduennung*).

The fight has lasted, though somewhat desultorily of late, till this very hour, the endless Verduennung's school gaining moral, if not numerical, strength at first by the mere weight of the names of its leaders, rather than the expository results of their arguments. They even "succeeded" somewhat in their "*success*," by the

vaunting figures of statistics. Few there are of us, who, blinded by the dazzling reputation of learning or the educational fitness of these generalissimos, have not at some time been inclined to listen to their seductive arguments, or even to imitate them in style and intention, in the vain hope of finding possibly a single germ of the great arcanum of the healing art. The idea, though utopian, was certainly beautiful, but the ideal beautiful is rarely practical in science.

Nor have the battles of the doses been confined to our own school alone.

Last May we had an article in the *Medical Record* actually headed, as in very defiance of the approaching Verduennung's tendency in even the ever substantial allopathic school of therapeutics, "Large against Small Doses." And this merely because Dr. Desau had come out, nearly a year previous, in the most apologetic manner possible, "On the Value of Small and Frequently Repeated Doses."

When one reads the arguments of such contrary doctrines — and that, too, the result of a boastful experience—one may well be excused for getting to be prosaic, for certainly, where such variable results speak of an ever changing element of contradiction, all harmonious systems of thought must come to an end. Nor might one be seriously blamed for believing with Jacobus Boehmé, the *philosophus Teutonicus*, of the most ideal of all the transcendental periods of German philosophy, that no pantological dualism was possible without the intervention of a catalytic *turba*, meaning thereby, as I take it, confusion, turmoil; or, to fly to a more congenial mysticism, quote, with Sir Lytton Bulwer, the passage from "Jerusalem Delivered": "Between such contrarious mixtures of ice and fire, laughter and tears, fears and hopes, the deceiving dame."

Yes, the "deceiving dame," of whom Dr. Desau expected the realization of "that utopian goal," a scientific therapeutûs. But between "this contrarious mixture" of large and small, high and low, the question naturally arises as to the probable cause for the experiences of such contrary views by men equally situated to gather rational and reliable data of experience, as well as equally constituted educationally, for forming correct summaries of deductions.

If we look about us for something analogous among the affairs of men, we shall be obliged to answer with John Stuart Blackie, in his "Natural History of Atheism," that it is "reaction," which, controlling the fluctuations of sentiments, tastes, or predilections in mankind, influences also the up and down scale of doses, theories, fancies, and expectations in medicines. In the chapter on "The Atheism of Reaction," he says: "Action and reaction are equal and contrary—so was I taught many years ago in the natural philosophy class at," etc., etc., and thus, likewise, was he led to observe, "through a long life of constant experience," that this sentence had a wide applicability. And further on he says: "It is the nature of every force, in a world made up of a rich variety of opposing forces, either to be stopped in its action altogether, as the advancing tide by a rocky coast, or to be sent back on its own traces, as we see in the heavings to and fro of a great crowd of people, when the overpressure in one direction produces a stronger pressure in an opposite direction, till some sort of comfortable adjustment be achieved in which the jostled thousands may breathe freely. So it is, exactly, in the intellectual and moral movements of society, which constitute the marked epochs of history." Reviewing then, in turn, the classics, arts, and politics, to find in each a suitable example for argument, he lays down finally the following, as an historical proposition of universal validity: "Every social state sooner or later begets its contrary; and that not only by the natural power of recoil which we see in springs and other elastic bodies, but from mere love of novelty."

Can there be any difficulty in applying this same proposition to medicine?

Who is there, that is at all acquainted with the history of medicine, who cannot perceive that the advent of Hahnemannianism was simply due to a sentiment of reaction from the extravagant polypharmacy of the last centennial? The multiple medication handed down to regular medicine by the pre-Paracelsian yatrosophies, which, regarding the pedantic offices of the apothecary far more than the weal or woe of suffering humanity, found itself at the full end of its rope at the time when Hahnemann caught at the idea of formulating a new and antagonistic barrier. It is hence that he is called the inventor of the single-remedy school of medicine. But who is there, in this age of invention, that has not yet learned that there is no such thing as a real, genuine, and unmitigated inventor, but that, on the contrary, he is only the opportune mouthpiece of the spirit of the times, and that the idea is already fully fixed in the general or universal mind, but needs yet the mediumship of the single individual to give it materiality of expression. As well may we call Luther the inventor of Protestantism. Certainly, Kaulbach thought otherwise, though making him a central figure, he painted the whole age.

If we study carefully the spirit of the times of Hahnemann—or Rademacher for that matter—we cannot fail to perceive at one glance the spirit of discontent of the then existing profession of medicine, as well as the consequential desire for a state of a more practical simplicity.

Hahnemann became to medicine what our modern Edison is to physics; just as little as the latter has discovered even the least fundamental principle in his science, so little, too, has Hahnemann given us anything that might be called fundamentally scientific in medicine. No wonder that the practice of medicine was eager to receive and swallow him, hide and hair, at first, for he offered it liberation from the trammels of pharmacy. However, an ever paternal government fiend stepped in and asked: "But what of the apothecary?" Oh, no! it would not do to bid that pet of revenue go under, merely to humor the drug-ridden yatrosophs. Thus homœopathy became a sect. Now, this sect, like other sects—yea, even the Anabaptists of Leyden—has run to water, and lo! behold again reaction. "*Every social state sooner or later begets its contrary.*" Hahnemann's X's rose to Dunham's C's, only to be eclipsed by the Finke-Swan-Guernsey M's. The lately much-abused Surgeon-General Hammond has done one good thing at least: he has shown us that nervous derangement and Spiritualism are synonymous. There can be but little difference in the brain-fagged vagaries of a Spiritualist from those of the transcendental symptom hunters of the hundred thousandth potency of Bedbug. Thanks, therefore, to a Doane, Paine, or any other man, who, having courage enough, will rise and cry, Halt! *Fiat ratio!* Here begins reaction!

CHLORAL IN MALIGNANT CHOLERA.—Used a solution of Chloral, one in ten, and injected the equivalent of six grains, not simply under the skin, but deep into the substance of the muscles, changing the direction of the needle without withdrawing it from the skin. Improvement was manifest in a few minutes. In the course of eight hours, thirty-two grains were thus injected, according to the urgency of the symptoms. Careful nursing, and the exhibition of chloral per os, served to bring the case completely out of danger. Alcohol was scrupulously avoided.

PLUMBIC NITRATE has cured three cases of epithelioma by dusting the powder over the affected part, recovery taking place after four or five applications. Two obstinate ulcers of the foot, which had proved rebellious to other treatment, quickly recovered after similar applications.

Dr. Vanzetti has recently recommended the use of this salt also in onychia maligna.

CLINIQUE.

GYNÆCOLOGICAL RETROSPECT.

By MRS. J. G. BRINKMAN, M. D., N. Y.

Amann (Munich), on the mechanical treatment of versions and flexions, claims that the cure of uterine malposition is only to be obtained through intra-uterine treatment. He thinks mechanical treatment necessary, even in complicated cases where textural changes have recurred in the uterus and its surroundings, and considers that it favorably affects these complications. He makes a point of having the staff of the pessary shorter than the uterine canal, and thus avoids friction. A description of his method of treatment may be found in the *Am. Obst. Jour.*, 1878.

In a paper on the use and abuse of pessaries (*Lancet*, Feb., 1878), Dr. Bantock, while advocating their use, considers that their abuse arises from the improper selection of cases; the use of an ill-fitting instrument and the misuse of one properly fitting. While they are capable of doing much good, it must not be forgotten that they are equally capable of much injury in the hands of the ignorant or careless.

The use of the intra-uterine stem has been largely discussed in the *Am. Gyn. Trans.*, vol. 2. Dr. Van de Warker presented a special plea for its use. The paper with the discussion occupies forty-five pages of the volume, which is an indication of the interest felt on this subject. Dr. Noeggeroth stated that operations on the cervex do often cure dysmenorrhœa, no matter what the method is, not by in any way correcting the position of the uterus, but by their effect on the vaso motor and other nervous centres.

Dr. Grally Hewitt (*Lancet*, Dec., 1877) remarks if it be a fact that mechanical diseases almost never recur unless in cases where the general nutrition of the body is at a low ebb, the greatest care is necessary on the part of those having the responsibility of the training of young women to nourish and strengthen the body. He calls particular attention to the insidious effects of prolonged uterine nausea in producing a kind of semi-starvation. As regards treatment in these mechanical diseases, some require little, while others are cured with great difficulty. Duration is an ele ment of importance. The consistence of the uterus is a matter much affecting treatment. If the uterus be still softer than normal it is a hopeful feature in the case, although it may take some months of general treatment to restore its tenacity, but the cure of the flexion is more easy. If the uterus be very firm, atrophy at the seat of the bend is more apt to coincide. A want of attention to these considerations will involve disappointment in many cases. Postural treatment he considers of the utmost importance in all cases. As regards the use of pessaries, when the uterus is soft they may do good service, but when the flexion is chronic, he thinks the uterus should be straightened by the sound, or by the use of tents. He strongly recommends a generous diet, and also points out the fact that while fresh air is essential long walks or long carriage rides are inadmissable.

J. M. Fothergill (*Am. Obst. Jour.*, 1878) observed in a number of cases of phthisis treated in the city of London Hospital for diseases of the chest, that the two main concomitants were dyspepsia, with leucorrhœa and menorrhagia. In these cases there was no history of heredity. Here there were linked a defective body income with an excessive body expenditure, producing a condition of general mal-nutrition, first the condition favorable to the development of tubercle. He considered ovarian irritation as the primary cause of phthisis in these cases.

Experiments have been made by E. M. Hamberger (*L' Province Medicale*), Dec., 1877, with the view of determining the absorbing power of the vaginal mucous membrane. The drugs were found in the urine in from two to three hours after their introduction into the vagina. (Iodide, Bromide, Ferrocyanide of Potassa and Salicylic Acid.

The New York Medical Record, Feb., 1878, has a report of three cases of pudendal hematocele in virgins; they all occurred upon the right side.

Am. Gyn. Soc. (Trans. 1878), Dr. Emmet reports an innovation in the procedure for the restoration of the vaginal canal in absence or atresia of the vagina. He makes a free opening, and washes out the cavity, thoroughly, with warm water. The site of the constriction, if one exist, he opens more widely than any other part of the canal, and completes the operation at one sitting, when possible. The operation is followed by the insertion of a large glass tube or plug, two inches in diameter, which is kept in position persistently. Dr. Emmet has had complete success follow this method of treatment.

The Am. Obst. Jour., 1878, has a reprint from the *Wiener Med. Wochenschrift*, 1878, of a paper by Louis Bandl, of Vienna, on the pathology and treatment of urethro-vaginal fistula, illustrating the value of Bozeman's method of operating. Only a few cases of urethro-vaginal fistula are on record. The author first reviews the relations of the opening of the urethra in cases of large vesico-vaginal deficiencies, and brings forward the views of distinguished writers regarding their treatment. In searching the literature of urethro-vaginal fistula, Bandl found that not one case had been cured in the direct way. He wrote for advice to Bozeman, who replied, "Divide the urethra toward the bladder, freshen the edges, then to unite them." By strictly following out Bozeman's method, he had the satisfaction of making a perfect cure of his cases.

Braxton Hicks calls attention to the fact of general eczema existing frequently in connection with diabetes. It was present in nine out of ten of the patients who consulted him for eczema of the genitals. It is well known that eczema of the genitals has often been the first symptom which has led to the suspicion of diabetes; but in the cases reported by Hicks, the eczema existed so freely on parts remote from, as well as on the genitals, that it could not have been produced by saccharine urine. H. suggests that the frequency of the combination may be considerable when it is borne in mind that blood laden with sugar is most probably irritating, and, also, that pathologists incline to the opinion that both diseases are dependent upon neurotic states. Treatment of the eczema failed to relieve in these cases, while treatment directed to the diabetes was successful.

Gerhard Leopold, of Leipzig, has written an admirable paper on the condition of the mucous membrane of the uterus during menstruation, pregnancy, and childbed. (*Arch f Gynakologie*, XI, 1; XI, 3; XII, 2,) of which the *Am. Obst. Jour.*, 1878, gives extracts.

The author disproves the statement made by Williams (*Brit. Obst. Jour.*, 1875), that the entire mucous membrane is shed during menstruation. Leopold's conclusions are based upon the observation of nineteen cases. They range from the first day of the flow to about the second day before the coming period.

The mucous membrane increases in thickness at the approach of the menstrual period, from two to three m. m. to six or seven m. m., gradually decreasing during the flow. At the end of the flow the mucosa is found devoid of its superficial layer, which resumes its normal condition within a day or two. The glands of the menstrual membrane become enlarged and tortuous in their course. The inter-glandular tissue consists of the well-known short fusiform cells with large nuclei, which are found in a condition of active reproduction in the lower layer in contact with the muscular tissue. In marked contrast to the frequency of the enlarged capillaries and arteries in the uppermost layers of the mucosa is the scarcity of veins, which appear only here and there, running in a direct course toward the muscularis.

Leopold explains the menstrual flow as follows: For several days an extravasation of red and white blood corpuscles takes place from the enlarged and superficial capillaries into the surrounding tissues, especially toward the surface of the mecosa. Thus the uppermost layer of cells is undermined and separated from the underlying layers. A copious supply of blood reaches the superficial capillaries through the numerous arteries, although it arrives but slowly on account of the tortuous course of the vessels. Its progress is checked by the enormous dilitation of the capillarics and the scarcity of the returning veins; hence the rupture of the distended capillaries and the flow. Regeneration takes place by absorption of the remaining extravasated blood corpuscles, reproduction of the interglandular tissue, and an upward growth of the cylindrical epithelium lining the glands. Regeneration is probably accomplished in the course of a day or two.

The same process takes place in membranous dysmenorrhœa, in which all but the deepest layers are cast off. Not even in this condition is the entire mucosa expelled. From the eighteenth day on, the mucosa again begins to hypertrophy. Thus this membrane is in a condition of constant change.

CHOLECYSTOTOMY.

By George W. Blodgett, M. D.,

Formerly House Surgeon Homœopathic Hospital, Ward's Island; Resident Surgeon Hahnemann Hospital, New York.

In the *British Medical Journal* for June 8th, 1878, Dr. Marion Sims, writing under the head of "Remarks upon Cholecystotomy in Dropsy of the Gall Bladder," reports a very interesting case of obstructive disease of the gall-duct from biliary calculi, in which, after aspiration of the gall-bladder had once been performed with temporary relief, the obstruction seeming permanent and death imminent, he resorted to incision of the gall-bladder and the establishment of a biliary fistula in the hope of thus relieving and prolonging the life of his patient.

At the time of operation there was a condition of profound cholæmia, and although for the time marked relief was afforded, yet on the ninth day death resulted from cholæmic blood changes.

Dr. Sims, in commenting upon the case, states that, had the operation been attempted before the state of the patient had become deeply toxic, a different result might, in his opinion, have been looked for.

He speaks of cholecystotomy, together with antisepticism, as opening up a new and great field in abdominal surgery.

In biliary obstruction, hepatic abscess, or impacted gall-stone, he advocates exploratory incision of the abdominal walls for purposes of diagnosis, to be followed in proper cases by operative procedure. In cases of hepatic abscess the use of the trocar, the removal of impacted calculi, followed by the application of antiseptic sutures to the incision in the duct, and cholecystotomy for the relief of a distended gall-bladder with cholæmia.

Dr. Sims speaks of the operation as being entirely new in so far as he knows, and very properly names it cholecystotomy.

The Chicago *Medical Journal and Examiner* for September, 1878, in referring to Dr. Sims' case, says: "So much for the conception and execution of a new operation by an American surgeon, to which he has given a most appropriate name as above. With aspiration as a means of diagnosis and antisepticism as a means of safety, there seems no reason why it should not take its place with ovariotomy and other similar operations as a *dernier resort*, and at the same time as a most positive relief where it is appropriate." Dr. Sims operated April 18th, 1878.

The first of December, 1877, a German, Peter Schrecker, came under the care of the writer. The history of the case and the existing symptoms seemed to point to malignant disease involving the ductus choledochus. Various methods of treatment were employed without avail until January 17th, when, the patient being in a cholæmic stupor, and other means having failed, the gall-bladder was aspirated and about 4 oz. of thick, brown fluid drawn off.

Marked relief was obtained for a few days, after which the condition of affairs was as bad as ever. A second aspiration was followed by temporary relief, when again the patient sank to his former state.

It was evident that unless some permanent escape for the bile from the distended gall-bladder was furnished, death would soon close the scene; another aspiration would but defer the evil day. An attempt at the establishment of a biliary fistula alone afforded a ray of hope for the now unconscious patient. Medical literature gave no mention of such an operation, yet the desperate nature of the case would seem to justify the attempt.

On the 4th of February, at 10 A. M., chloroform having been administered, assisted by Drs. Cowl and Cornell, of this city, I cut down upon the peritoneum, immediately over the distended gall-bladder. Hæmorrhage having been checked, the peritoneum was divided upon a director and the gall-bladder brought up to the abdominal wound.

Without being opened, its walls, which were considerably thickened, were stitched to the integument along each edge of the incision by means of closely approximated horsehair sutures carried down only to the mucous coat. The irritation from the needle punctures and numerous sutures was relied upon to excite adhesive inflammation and secure union.

The reason for proceeding in this way was that the contact of gall with granulating surfaces might be avoided, and all possibility of its escape into the abdominal cavity prevented. Most of the contained bile was drawn off, a free opening to be made when the union should be complete.

No change for the better occurred after operation. The coma became more profound, and death from cholæmia ensued on the morning of the 7th.

A *post mortem* twelve hours after death gave no evidence of peritonitis. A marked degree of union had taken place; cancerous disease of the pancreas, involving the gall-duct, was found.

The exhaustive comments of Dr. Sims upon his own case are equally applicable to the one detailed above, in which the date of operation was more than two months earlier. Therefore the credit, if there be any credit, of being the first surgeon to conceive and execute cholecystotomy, belongs not to Dr. Marion Sims.

Prof. Simpson graphically describes the growth of the pregnant uterus, and its involution after delivery, It is a kind of physiological hypertrophy, unequaled, either in regard to its magnitude or its rapidity, in any other organ of the adult human body, for, during the forty weeks of utero-gestation, the uterus enlarges from nearly 3 inches in length and 1¼ inches in breadth, to 12 or 15 inches in length and 9 to 10 inches in breadth. It increases from about 2 ounces in weight, to 25 or 30 ounces. The cavity of the uterus before impregnation is less than one cubic inch; while, at the full term of pregnancy, it is extended to above 400 cubic inches, and the surface of the organ increases, from about 5 or 6 square inches, to nearly 350 square inches. Before impregnation, the uterine cavity would not hold above a drachm or two of fluid; at the end of the ninth month of utero-gestation its contents usually weigh from 120 to 150 ounces.

The rapidity, however, with which the uterus diminishes in size after delivery is perhaps still more mar-

velous than the rapidity with which it increases in size after impregnation, for, while it takes forty weeks to attain the dimensions of the fully developed uterus of pregnancy, it requires only from four to eight weeks to decrease to the small size of the same organ in its impregnated condition. D. S. NELSON, *Chicago Med. Ex.*

MILK.—It is said that the milk from Alpine dairy farms differs from other good milk merely because it contains a high percentage of sugar of milk, and because it possesses a peculiar flavor, derived from the aromatic plants on which the animals feed.

MERE KNOWLEDGE A WAX NOSE.—Mere acquired knowledge belongs to us only like a wooden leg and a wax nose. Knowledge attained by means of thinking resembles our natural limbs, and is the only kind that really belongs to us. Hence the difference between the thinker and the pedant. The intellectual possession of the independent thinker is like a beautiful picture, which stands before us, a living thing, with fitting light and shadow, sustained tones, perfect harmony of color. That of the merely learned man may be compared to a palette covered with bright colors, perhaps even arranged with some system, but wanting in harmony, coherence and meaning.

UTILIZING NIAGARA FALLS.—Sir William Thomson said "he was of opinion that a great deal of natural energy which was now lost might be advantageously applied in the future to lighting and manufactures. There was a great deal of energy in water-falls. In the future, no doubt, such falls as the Falls of Niagara would be extensively used—indeed, he believed the Falls of Niagara would in the future be used for the production of light and mechanical power over a large area of North America. The electricity produced by them might be advantageously conducted for hundreds of miles, and the manufactories of whole towns might be set in motion by it. Powerful copper conductors would have to be used—conductors of a tubular form with water flowing through them to keep them cool. There would be no limit to the application of the electricity as a motive power; it might do all the work that could be done by steam engines of the most powerful description. It seemed to him that legislation, in the interests of the nation and in the interests of mankind, should remove, as far as possible, all obstacles, such as those arising from vested interests, and should encourage inventors to the utmost. As to the use of electricity by means of the Falls of Niagara, his idea was to drive dynamic engines by water-power in the neighborhood of the falls, and then to have conductors to transmit the force to the places where illumination or the development of mechanical power was wanted. There would be no danger of terrible effects being brought about accidentally by the use of such a terrific power, because the currents employed would be continuous and not alternating."—*Nature.*

INTESTINAL GAS—COLOCYNTH.—Dr. Eads in a case of the above character prescribed tinct. *Colocynth* gtt x. water ℥ iv. a teaspoonful every three or four hours until relieved. Next day found his patient perfectly free from pain, no wind in stomach or bowels, the first permanent relief obtained for two months. When her babe was about three weeks old, it began to suffer very much like the mother. *Colocynth* gtt i j water ℥ ii a teaspoonful three times a day gave prompt relief, and both have remained well for nine months. He believes *Colocynth* to be a specific in the above condition.—*National Medical Review.*

[A very good *homœopathic* prescription, but he will be disappointed in the next unless it is *individualized. Colocynth* is *a* specific, but not *the* specific in such cases.—ED.]

SLIGHTLY AMBIGUOUS.—An enterprising druggist advertises his cough medicine in the following manner: "Cough while you can, for after you have taken one bottle of my mixture you can't."

MAKING SOUND VIBRATIONS VISIBLE.—Bend the forefinger of the hand so as to form a circle, with the other hand draw over the aperture a film of soapsuds. By turning the wrist, the angle made with the direction of the light may be readily adjusted; a motion of the elbow alters the distance from the mouth, and the tension of the film can be exactly regulated by moving the thumb and finger. On singing or speaking to the film when in proper tension, beautiful figures appear, which may be reflected direct to a screen.

HYPODERMICS OF COFFEE FOR MORPHIA VOMITINGS AND OPIUM POISONING.—I gave a warm hypodermic, of twenty minims, in the epigastrium, and in about fifteen minutes the patient expressed herself as feeling decidedly better, having vomited but once during that time. I then gave an additional hypodermic of fifteen minims (warm) in the abdominal parites. She was free from the nausea in less than an hour, and never vomited after the second injection of coffee.

Where the fluid was used warm, about the temperature of the body, no trouble manifested itself.—MONTROSE A. PALLEN, *Medical Record.*

DR. H. G. PIFFARD offers, as a convenient substitute for Fehling's solution, the following mixture, which may be kept ready made and may be carried in a small vial, to be used any time at the bedside in the house of a patient:

Take of sulphate of copper (C. P.) one part; crystallized tartrate of sodium and potassium, five parts; sodic hydrate (C. P.), two parts. Mix well in a mortar. The resulting mass can be kept in a wide-mouthed bottle until wanted. For use, a piece the size of a pill is dissolved in a couple of drachms of water, in a test tube. A few drops of the suspected liquid are now added, when, if sugar be present, the usual reaction will be manifested.

VOMITING OF PREGNANCY—TREATMENT WITH WINE OF IPECAC.—Found she was pregnant with second child, first month of gestation. She was considerably emaciated; pulse small and thready, 115 per minute; tongue dry and furred, and great tenderness in pressing over epigastric region. She stated she had been vomiting, night and day, for a week, and would throw up everything she would eat; bowels constipated. Having used minute doses of ipecacuanha, in vomiting of drunkards, with success, I determined to try it in her case, and so ordered: Wine of ipecacuanha, gtts. xvj.; aquafontis, ℥ij., M., with directions to give one teaspoonful every hour, day and night, until vomiting ceased. Had no return of the vomiting, and is now perfectly well. I have since used the preparation in nausea of pregnancy without vomiting, in which case it acted like magic.

I trust some of my professional brethren will give it a thorough trial, and if they meet with the same success that I have, they will always give homœopathic doses of wine of ipecacuanha in this troublesome and sometimes obstinate affection.—D. B. NESBIT, *Southern Medical Record.*

OPHTHALMIA IN NEW-BORN INFANTS.—Dr. Luton, of Rheims, advocates, in the *Revue Medicale*, the use of iodine dissolved in cherry-laurel water. Ten drops of the tincture in ten grammes of the cherry-laurel water make a colorless mixture, leaving no precipitate, while in the same quantity of distilled water a colored precipitate would soon form. The decoloration is owing to the production of hydriodic acid and iodide of cyanogen, two colorless bodies in solution. A mixture containing one part of tincture of iodine to twenty parts of cherry-laurel water is a collyrium of incontestible power, in the purulent ophthalmia of infants. The liquid is to be dropped between the lids five or six times a day, besides external applications. In efficacy it is declared to be superior to nitrate of silver, while it has the advantage of being both painless and safe.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

MEDICAL LITERATURE.

Any one familiar with medical journalism, or with the editorship of the transactions of our medical societies, knows how ridiculously shameful in orthography, syntax and prosody are many of the articles presented for consideration with a view to publication.

Few authors are able, in a first draft, to make a paper worthy of being offered for the enlightenment of others. But this sort of thing is done repeatedly, and consequently we get the poorest fruits of those who are equal to much better. What we want is *ripe* fruit, carefully nurtured and garnered, with the least possible imperfection.

One of our ablest authors once said to the writer that his earlier contributions to literature were many times re-written, some even as many as twenty. This fact accounts for the grace and elegance of construction, for the evidence of a master-hand which they contain, and is one of the reasons why the productions of this author have won the encomiums of the world for reliable scholarly maturity.

Condensation is an exceedingly difficult task for some, and forms a most important element in scientific literature. Persons inclined to verbosity, should re-write and cut down their productions before expecting them to see the light which is to introduce them to the field of literature.

In the most kindly spirit we urge authors to re-read their productions with a view to erasure and interlineation, rather than with the feeling of satisfaction that improvement is impossible—a spirit which engenders egotism and conceit.

Many papers which inevitably see the waste-basket, on account of their style, by re-writing would make valuable contributions to literature, and redound to the credit of their authors.

Very much of our medical literature—magazines, books, etc.—is too loosely and hurriedly thrown together, and upon this some inexperienced individual succeeds to the title of *author*.

Look at the errata of the thirty-two pages of *Aconitum* in Allen's Encyclopædia of Materia Medica, as pointed out by Dunham, and see whether our strictures are correct—errata that should have been corrected *before* going to press.

To tickle somebody's vanity, the profession is saddled with a so-called standard work—which is worse than none at all, on account of the errors it contains—when, by concerted action of competent hands, a much more complete and reliable work could have been accomplished. Jealousy and vanity were in the way of this, and for the time being, conquered, with what results time only will reveal.

We are sorry to see so much of the vulgar, slangy style predominating of late, and that, too, from some of our most scholarly minds. Slang and vulgarity may provoke a smile, but this is evanescent, and is sure to be succeeded by a thoughtfulness which will carefully weigh its cause, and place its author in the scale below where he really belongs.

What we need is more *care* in literary work, and this is born of *thought*, *time* and *patience*. In a profession like ours, *dignity* should constitute one of the advance guards.

INLAND OR SEA-SHORE.

The season rapidly approaches when we as physicians shall be looking around for a place to send our invalids for the heated term, and the first question which arises in our minds in each case is, shall it be inland or sea-shore? We must solve this problem by the aid of unprejudiced investigation.

In a general way we say, change of air is the best plan to pursue. We have known patients to be benefited by a change from New York City to Long Branch, and we have known others who could not bear even this.

But supposing we have decided that a change to an inland atmosphere seems desirable, where is the best place? In our experience the Adirondack region is certainly one. Situated as it is at a varying altitude far above the sea level (1700 feet), this vast wilderness of 100 miles in diameter unites the beauties of nature with the pleasures of rural sojourn—its quiet and invigorating atmosphere, its opportunities for agreeable occupation in hunting and fishing (for this region abounds in fish and game)—to a degree not to be found in any other. Patients who have been accustomed to the bustle of city life will not be satisfied—and hence less likely to improve—in any place where there is not something to occupy their minds and give them pleasurable occupation, and we know of no place which presents so great a variety.

The whole region is intersected and diversified by a net-work of lakes and streams, which render it picturesque and beautiful in an almost unequaled degree. These systems of water communication afford very convenient means of transit for hunters and pleasure-seekers, the lakes being connected by streams, in some cases navigable for bateaux, and in others broken by falls and rapids, around which boats and luggage must be carried.

The wilderness may be easily reached by several different routes, partly by carriage-roads and partly by boats, which latter will convey the tourist to almost any part of the woods which he wishes to visit. A favorite route is from Port Kent, whence stages convey the tourist to Keeseville, Au Sable Forks, and the Saranac Lakes, whence by boats and "carries" he can penetrate to the heart of the wilderness. Plattsburg is the natural *rendezvous* on the east for visitors. Camp equipage, stores and provisions for parties can be procured at the hotels.

The tourist need not necessarily "rough it," for the hotels in this region are comfortable, easily reached, and afford facilities for the entertainment of those who, from physical prostration or otherwise, avoid the pleasures and hardships of camp life.

Loomis says, under the head of *A Cool and Moderately Moist Climate*, "I know of no region that my experience during the past few years of its effects upon phthisical subjects would lead me more heartily to recommend to those likely to be benefited by such a climate, than the Adirondack region. In this region, during the summer months, the minimum temperature rarely falls below 50° F., and the maximum rarely reaches 70° F., while the winters are cold and the temperature equable. The atmosphere is peculiarly exhilerating: in many instances, under its influence, phthisical bronchitis rapidly disappears. * * * The good results obtained in individuals with developed phthisis who have remained here from six months to two years, are the strongest arguments in its favor."

The purity and character of its atmosphere, the complete change of diet which is necessarily involved in the sojourn here, together with the tendency to increased physical exercise, make it the inland place *par excellence* for invalids and others who are suffering from impaired nutrition, either primary or secondary, a cause which is the foundation of many a physical malady, a great variety of which we could mention. Therefore, in selecting a locality for invalids, if inland change is desirable, be sure to remember the Adirondack region.

DEAD-HEADS.

It is hard to draw the line between the deserving poor, to whom help is a real charity, and in our profession is almost always given cheerfully, and those leeches on society who never pay a bill if they can help it, and yet are always exacting in their demands. The able and kind house physician in one of our large city hospitals remarked to our inquiry, "How are you getting along?" "The only trouble we have is with our charity patients. They are never satisfied, always exacting, and nine times out of ten when I am called up at night, the call comes from the charity side of the house." It is the experience of almost every physician during those early years when life is a hard struggle, that for the majority of his tedious night calls and most severe labor he not only receives no remuneration, but sooner or later positive abuse. Most of the trouble in practice comes, not from those who expect to pay, not from the unfortunate and deserving poor, but from the constitutional dead-head. Gratitude is unknown to him, and the slightest thing is enough to change his honeyed words into the bitterest abuse and the vilest slanders. No matter who starts a slander, or how pure the life against which it is aimed, it will always find believers, and the physician not unfrequently finds himself the object of the bitterest hostility from those who have only received kindness at his hands.

There is no profession so much imposed upon as ours, and none where so little discrimination is used. Accustomed to study character, we constantly allow ourselves to be duped, through our sympathies and kindness of heart, forgetting that we are only contributing to the support of a habit which is demoralizing society. If our profession would investigate more closely the character and responsibility of those who apply to them for medical aid, not only themselves but society would be benefited. This is true also of our charitable institutions. There should be connected with our dispensaries a society of helpers whose duty it should be to visit every patient at their home, and learn their condition and wants. It would be found that at least half are undeserving of charity, while many would be discovered, honest but unfortunate, not only in need of medical help, but of practical advice and pecuniary aid, only requiring a little helping hand to make them again useful members of society.

The plan has been adopted in many of our dispensaries of charging a trifle for each prescription, except in special cases. The results are most satisfactory, the patients following more closely directions, and having more confidence in medicines for which they pay than when they receive them for nothing.

The charities of the country need reforming, and none more than those of the physician, which are often beyond his means and his strength.

STATE HOMŒOPATHIC INSANE ASYLUM.

The appropriation by the last legislature of seventy-five thousand dollars for a new pavilion will enable the trustees to commence work immediately. The new pavilion will be, in external appearance, a counterpart of the old, but in its internal arrangement space will be economized so as to admit a large additional number of patients. The internal arrangements of the old pavilion will be altered to correspond with the new, so that on the completion of the work the capacity of the institution will be nearly doubled. During the past year great improvements have been made about the grounds. New roads have been opened, underbrush cut away, trees planted, and several thousand loads of stone removed from the lawn and utilized in buildings, fences and roads. The lawn cleared of stone has been seeded down and will soon be covered with an elegant turf, dotted here and there with flowering shrubs and beds of flowers.

The prosperity of this institution is justly a source of pride. It is doing its work faithfully and well, and shows a less death rate and a higher rate of cures than

any other asylum. Notwithstanding the cost of keeping each patient is larger than in most institutions the charge for pauper patients is less. The institution is self-supporting, not only making no demand on the State for maintenance, but showing a balance in the treasury.

At a recent visit to the asylum, and a careful inspection of every patient, not one was found in restraint. Restraint is of course sometimes necessary, but the practice common in some institutions of using restraint for any little violence or unusual excitement finds no countenance here. Good food, clean and thoroughly-ventilated wards, a careful study of cases, and a judicious selection of remedies from a scientific standpoint, with a watch over each patient, in which kindness and firmness are combined, are the great factors by means of which so much is being accomplished. It is a hopeful sign that in the treatment of the insane, as in all other diseases, the successful men in the profession are giving less attention to theories and more to general principles, and devoting themselves to a more careful study of individual cases, of sanitary measures, and the specific action of drugs.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THERE seems to be a charm in the classic waters of Lake George sufficiently powerful to attract even the hard-working members of the American Institute. The meeting this year was one of the largest and most enjoyable ever held. Many of the papers were of a high order of excellence. Both the literary and social parts of the programme were an undoubted success. The thanks of the Institute were certainly due to the Committee of the State Society—Drs. Dowling, Hills, Paine, Watson, Holden, Talcott, Wright and Hollett, —who raised the means for, and carried out with such entire success, the very enjoyable excursion over the lake.

Dr. T. P. Wilson, of Cincinnati, was elected President, and Dr. J. C. Burgher, Secretary. The Institute will meet next year at Milwaukee.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

A graduate of the Homœopathic Medical College, of New York,'has applied for membership in the County Medical Society (old school), stating in his application that he does "*not practice sectarian medicine.*" The following is the legal aspect of the case, as given by the attorney of the society :

"It appears by the diploma held by the applicant that he is a graduate of the 'Homœopathic Medical College of the State of New York, in New York City,' having received the degree of Doctor of Medicine from that institution on March 4th, 1875.

"It also appears that the 'Homœopathic Medical College of the State of New York, in New York City,' is an institution duly incorporated under the Laws of the State, and duly authorized to confer the degree of Doctor of Medicine.

"By the original act of incorporation, Chapter 329 of the laws of 1860, the Homœopathic College was authorized to confer the degree of 'Doctor of Homœopathic Medicine,' but by Chapter 191 of the laws of 1869, entitled, 'An Act in relation to the Homœopathic Medical College of the State of New York, in New York City,' passed April 14th, 1869, the act of 1860 is amended so as to authorize the College to confer the degree of 'Doctor of Medicine.' That act provides, in relation to each of the diplomas of the institution, that 'the said diploma shall bear the date of its conferment by the order of the Board of Trustees, and shall entitle the person receiving it to all the rights, privileges, immunities and liabilities of physicians, as declared by the laws of this State.'

"That it was the intent of the Legislature to confer upon the homœopathic institution, by the amendatory act, the fullest powers granted to the most favored medical colleges in the matter of granting diplomas, is further shown by the explicit repeal by Section 4 of the act of 1869, of Sections 3 and 4 of the act of 1860; Section 4 of the earlier law being the one which limited the kind of degree to be conferred.

"In his application Dr. — declares that he does not practice sectarian medicine, and he promises, if elected, to adhere to and obey the Constitution and By-Laws of your Society.

"This promise seems to eliminate from the case all questions,excepting only the one whether the homœopathic graduation works disqualification for your membership.

"Dr. —, therefore, appears before you, in the eye of the law, simply as a duly accredited Doctor of Medicine, declaring his willingness to conform to the rules and regulations of your Society in all respects, and under the provisions of the act of 1869, above quoted, entitled to all rights, privileges, and immunities of a lawful physician. Where he received his degree of Doctor of Medicine, or through what curriculum he became entitled to his rights and privileges, does not appear material to the question before you. He is a Doctor of Medicine, holding a lawful diploma, and stands in the same light as any other Doctor of Medicine applying for membership.

"If his application be rejected, it must be on other grounds than that his diploma is not as valid and authoritative as any other diploma issued by a medical college within the State. However much it may be regretted, the law is too explicit to permit of question as to the validity of the diploma issued in 1875, under the special law of 1869.

"To reject the application, simply on the ground of insufficiency of the diploma,'would be to use authority conferred by one State law to nullify the explicit declaration of another law of equal sanction, in force in the same State. I am well aware of the very wide discretion vested by the law, especially as illustrated by very recent decisions, in all chartered societies, as to the admission or exclusion of candidates for membership, but I do not think that the courts would sustain the rejection of an applicant on the sole ground that a diploma, lawfully obtained and declared sufficient by law, was deemed by the Society an insufficient certificate of study and qualification.

"If any physicians refuse to conform in their methods of practice, or otherwise, to your rules and by-laws, such refusal may be ground for exclusion from membership, but such is not the case with Dr. —. He explicitly declares his desire to follow your methods, and to be bound by your regulations, and is, as far as regards his diploma and present declaration, as much eligible for membership as any graduate of other medical colleges in this State.

"If this conclusion is to be regretted as implying a *quasi* recognition of an irregular school of teaching and practice, the fault is with the law, and the remedy must be sought through the Legislature.

"I have examined with care the By-Laws of the State Medical Society, and also those of your own body, but find nothing in them to alter the general conclusions I have reached, as above stated.

"I have examined the case of Dr. Dowling, of Wappengendale (reported in the Transactions of the Medical Society of the State of New York, 1876, pp. 60 to 64), who in 1876 was excluded from membership of the Orange County Society on the ground that he, being a graduate of the Homœopathic Medical College of Pennsylvania, declined to submit to examination by the Censors of the Orange County Society. In that case the action of the County Society was sustained by the State Society, but it is evident that the fact that Dr. Dowling's diploma was from a college in another State, deprives his case of all authority as a precedent in the present inquiry. The language of the 'Transactions' leads to the belief that had Dr. Dowling's diploma emanated from a college incorporated under the laws of the State of New York, the decision would have been different. The report of the Committee, which was adopted by the State Society, says: 'We may fairly conclude that those are entitled to admission' (to County Societies) 'who are legal practitioners,' as is the case with Dr. —, whose application is before you.

"Respectfully,

"JOHN TRACY, *Attorney, etc.*"

According to this opinion, a large proportion of the members of the so called Homœopathic School could join in society, where the requirements are simply *non-sectarian* practice, and we see no objection to their doing so, providing both parties agree to it.

We cannot quite see how the Society can refuse to receive any legally obtained diploma—of a college in good standing — as evidence of qualification for membership, as the law protects the holder of such in the practice of his profession, and we are inclined to believe would be held as sufficient for membership in any County Society.

HEALTH BOARDS.

We now have, as a matter of *fact*, a National Board of Health, and the President has appointed our most estimable colleague, Dr. T. S. Verdi, of Washington—a man eminently fitted for the position—a member thereof, and he has been confirmed by the Senate.

This appointment marks the first entering wedge of recognition of *our* rights, as a school, by the General Government.

With so liberal-minded, scholarly *gentlemen* for co-laborers as our efficient sanitary-scientist, Dr. Elisha Harris of this city, we congratulate Dr. Verdi upon his prospects of pleasant accomplishments in the direction of public health.

The following is a draft of the bill of the proposed Board of Health in this State, but not to become a law this year.

"An Act to establish a State Board of Health."

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. The Governor, by and with the advice and consent of the Senate, shall appoint eight competent persons, one from each judicial district of the State, who, with the Health Officer of the port of New York, State Engineer and the Attorney-General, shall constitute the State Board of Health. Of the eight persons thus appointed, two shall serve for two years, two for four years, two for six years, two for eight years, from the first day of the month next following their confirmation, and until successors are appointed. Any vacancy in the said Board occurring during the recess of the Legislature shall be filled by the Governor until the next regular session of the same.

§ 2. The State Board of Health shall meet at least once in every three months and as much oftener as they shall deem necessary, their first meeting being held within two weeks after the confirmation of the first elected Board, and each annual meeting to be held within two weeks after the first of May each year after the first, as herein provided, and six members shall constitute a quorum for business. No member of the Board, except the Secretary, shall receive any compensation, but the actual traveling and other expenses of the members of said Board, while engaged in the duties thereof, shall be allowed and paid out of the appropriation made for its support. They shall elect annually one member of the Board to be President; they shall also elect from among their own members, or otherwise, a person of skill and experience in public-health duties and sanitary science, to be the Secretary and Executive Officer of said Board, who shall have all the powers and privileges of a member of the Board, except in regard to voting upon matters relating to his own office and duties as Secretary, and he shall hold said office for the term of five years, but he may be removed for cause after a full hearing by the Board, a majority of the members voting therefor.

§ 3. The Secretary shall keep a record of the acts and proceedings of the Board, perform and superintend the work prescribed in this act and such other duties as they may order, and shall receive an annual salary of thirty-five hundred dollars, which shall be paid him in the same manner as the salaries of other State officers are paid, and such necessary expenses shall be allowed him as the Comptroller shall audit, on the presentation of an itemized account, having vouchers annexed, together with the certificate of the Board.

§ 4. The State Board of Health shall take cognizance of the interests of health and life among the people of the State; they shall make sanitary investigations and inquiries respecting causes of disease, and especially of endemics and epidemics, the sources of mortality, and the effects of local conditions, employments and other influence upon the public health; and they shall collect such information in respect to these matters as may contribute to the promotion of health and the protection of life in the State; they shall cause to be made by the Secretary, or by a committee of the Board, regular inspections, at such times as they may deem best, and special inspections whenever directed by the Governor or Legislature, of all public hospitals, prisons, asylums or other public institutions, in regard to the location, drainage, water supply, disposal of sewage and excreta, heating and ventilation, and other circumstances and conditions in any way affecting the health of their inmates, and shall also suggest such remedies as they may consider suitable to the removal of conditions, detrimental to health, in any such institutions, in writing to the officers thereof.

§ 5. The said Board shall cause sanitary information in its possession to be promptly forwarded to the local health authorities of cities, villages, towns or counties, in the State, and such useful suggestions as the information and experience of the Board may supply; and it is also hereby made the duty of all such local authorities to supply the like information and suggestions to the said State Board of Health, together with copies of all their reports and other publications. And said State Board of Health is

authorized to require reports and information from all public institutions, their officers and managers, and from the proprietors, managers, lessees and occupants of all places of public resort, and from local boards of health in the State; but such reports and information shall only be required concerning matters or particulars in respect of which the Board may need information for the proper discharge of its duties.

§ 6. It shall be the duty of the said State Board of Health to give all information that may be reasonably requested, concerning any threatened danger to the public health, to the local health officers, and all other sanitary authorities in the State, which said local health officers and other sanitary officers are hereby required, in like manner, to give the like information to the said State Board of Health, and said Board and said officers, and said sanitary authorities shall, so far as legal and practicable, co-operate to prevent the spread of disease and for the protection of life and the promotion of health, within the sphere of their respective duties.

§ 7. The said Board of Health shall recommend such forms and amendments of law as shall be deemed to be necessary for the thorough organization and efficiency of the registration of vital statistics throughout the State. The Secretary of said Board shall be the Superintendent of Registration of Vital Statistics. The Comptroller of the State shall provide and furnish such apartments and stationery as said Board shall require in the discharge of its duties, at the capital of the State.

§ 8. The said Board, on or before the first day of December in each year, shall make report in writing to the Governor upon the vital statistics and concerning the sanitary administration and conditions in the several parts of the State, which report shall also set forth the action of said Board, and its officers and agents, and of the names thereof for the past year, and shall contain a full statement of their acts, with such suggestions for further legislation or other precautions as they deem proper for the better protection of life and health. This report shall also contain a detailed statement of the money expended by said Board and the manner of their expenditure during the year for which it is made; but the total amount paid for the expenses of the Board, including the salary and expenses of the Secretary, all costs for printing and all other expenses, shall not exceed ten thousand dollars, which amount is hereby annually appropriated for the purposes of this act, to be paid by the Treasurer on the Comptroller's warrant, in such sums as the certificate of the Board, with proper vouchers annexed, may from time to time certify.

§ 9. This act shall take effect from the date of its passage, and all acts or parts of acts inconsistent herewith be, and the same are, hereby repealed."

We have no doubt our school will be represented in this Board.

In a large number of other States, similar boards have done efficient service, and such men as Ludlam of Illinois, and Dennis of New Jersey, have not only done themselves great credit, but reflected the same upon the school of medicine to which they belong. We ought to be much gratified with the aspect medical affairs are now assuming.

ODORLESS disinfectants are a great desideratum in the sick room, and Platt's Chlorides is one of the best.

THE NEW COLLEGE.

We learn that a new college is about to be established in Buffalo, under the title of the "Homœopathic College of Physicians and Surgeons—Modern School." We cannot conceive *why* any set of men want to be so foolish. We already have *too* many medical colleges, and we certainly do not, in the present aspect of affairs, want to increase the distinctively sectarian schools. From the information we have, it is evidently the intention of this proposed new school to teach "everything taught in any school," and if this is the case, why announce it "homœopathic?" No, gentlemen, leave off the "homœopathic" misnomer, and go on as you propose, if you must, *teaching all that is known in medicine in an intelligent manner*, and if there is room—or if you can make your school so far superior to others as to attract students—you will have done the best you can by aiding in breaking the barriers which continue sectarianism in medicine.

SUSPENDED ANIMATION.

An article which appeared in an Australian paper, the Brisbane *Courier*, regarding an alleged new discovery whereby animation can be suspended for a long period and then restored, has led Dr. B. W. Richardson to state what is already known to physiologists regarding suspended animation. He says that "if an animal perfectly free from disease be subjected to the action of some chemical agents or physical agencies which have the property of reducing to the extremest limit the motor forces of the body, the muscular irritability, and the nervous stimulous to muscular action, and if the suspension of the muscular irritability and of the nervous excitation be made at once and equally, the body even of a warm-blooded animal may be brought down to a condition so closely resembling death that the most careful examination may fail to detect any signs of life." The stage of passive efficiency of the muscles is that in which animation is usually suspended, and then the heart works just enough to sustain molecular life, and no more. So far is it from this stage that full reanimation or active efficiency of the whole organism may be produced; and the restoration depends on whether the blood, the muscular fluid, and the nervous fluid remain in the aqueous or the pectous condition. If they remain aqueous, life may be restored after the lapse of weeks, and possibly months, unless decomposition of the tissues does set in; and even after some decay of the tissues there may be renewal of the life of cold-blooded animals. But if the pectous change is induced, recovery is impossible. Dr. Richardson then proceeds to state the effect of cold in producing the passive efficient stage, and the action of such substances as madragora, deadly night-shade, nitrite of amyl, woorari, chloral hydrate, cyanogens, alcohol, and oxygen in causing this stage; also by holding the colloidal fluids in the aqueous state. He expects great results in the future from the positive results already obtained; and the world should be prepared to receive them without bewilderment.

OFFICE OF *NEW REMEDIES*, AN ILLUSTRATED MONTHLY TRADE JOURNAL OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS. 27 GREAT JONES STREET.

EDITOR OF *The Homœopathic Times*,

Dear Sir: In your editorial, on page 60 of the June issue, I think your earnestness in dispensary-reform leads you into an overestimate of the the ignorance of attending physicians in matters of case-taking and prescriptions; for I have in several capacities, had good occasion to become familiar with their work and am obliged to disagree with you as regards the ammount of information shown in these and other matters re-

ferred to by you. Very many of these attending physicians, are appointed (undere the rules of the dispensaries) from among those who have served as hospital *internes*—positions which are only to be had through competitive examinations and in which experience in these matters is very extensive. C——.

[The above communication is printed *verbatim et literatim*, and perhaps corroborates the truth of our statements.—EDS.]

BIBLIOGRAPHICAL.

OPERATION FOR CLOSURE OF CLEFT OF THE HARD AND SOFT PALATE. By A. Vanderveer, M. D, Professor of the Principles and Practice of Surgery, Albany Medical College; Attending Surgeon at the Albany Hospital and St. Peter's Hospital. New York: G. P. Putnam's Sons, 182 Fifth Avenue. 1878; pp. 243 to 257 of the "Series of American Clinical Lectures."

URETHRISMUS, OR CHRONIC SPASMODIC STRICTURE. By F. N. Otis, M. D., Clinical Professor of Genito-Urinary Diseases, in the College of Physicians and Surgeons, New York; Surgeon to Charity Hospital; Member of the British Medical Association, etc; pp. 22.

A CLINICAL LECTURE ON INFLAMMATORY AND ON SPASMODIC STRICTURE OF THE URETHRA. By Henry B. Sands, M. D., Professor of Anatomy in the College of Physicians and Surgeons, New York; Attending Surgeon to the New York and Roosevelt Hospitals; pp. 10.

THE EPIDEMIC OF 1878, AND ITS HOMŒOPATHIC TREATMENT; A GENERAL HISTORY OF THE ORIGIN, PROGRESS AND END OF THE PLAGUE IN THE MISSISSIPPI VALLEY. By Ernest Hardenstein, Vicksburg, Miss., including a Treatise on the Disease by A. O. H. Hardenstein, M. D., and other valuable papers and statistics (including Herings' charcoal prophylaxis), from the most reliable sources, pp. 105. Fifty cents.

ON DIPTHERIA. ILLUSTRATED BY CASES. By Henry B. Millard, M. D. A. M., read before the N. Y. Medico-Chirurgical Society, etc., pp 32. Boericke & Tafel.

CLINICAL LECTURES UPON INFLAMMATION AND OTHER DISEASES OF THE EAR. BEING A COURSE OF LECTURES DELIVERED TO THE STUDENTS ATTENDING THE CLASS OF THE LONDON SCHOOL OF HOMŒOPATHY DURING THE WINTER SESSION OF 1877-78. By Robert T. Cooper, A. B. M. D., Trin. Coll. Dublin, physician diseases of the ear. London Homœpathic Hospital, London. The Homœpathic Publishing Company, pp 170.

"An excellent little monograph for students, but not sufficiently exhaustive of therapeutics.

PLUMBER AND SANITARY ENGINEER.—The great popularity of this journal has warranted the proprietors in enlarging it from a monthly of sixteen pages to a semi-monthly of twenty pages to each issue. In the field of sanitary reform, to which public attention is now being everywhere directed, this journal is doing noble work. It is edited with signal ability, and the most practical talent which can be found employed in discussing the various questions of sanitary reform of so much importance to the health of the community.

N. Y. OPHTHALMIC HOSPITAL.—Report for the month ending May 31, 1879; number of prescriptions, 3,818; new patients, 456; patients resident, 36; average daily attendance, 147; largest, 212.

J. H. BUFFUM, M. D, *Resident Surgeon.*

A PSYCHOLOGICAL STUDY OF ALCOHOL.

Translated for the HOMŒOPATHIC TIMES *from Chas. Richet's "Les Poisons de L'Intelligence."*

I.

In studying the phenomena of life, nothing is more instructive than an examination of the disorders produced in the organic functions by the different poisons. The signification of this word *poison*, however, should be materially enlarged. A poison is not, as many would suppose from the ordinary use of the word, a substance always deadly or dangerous. On the contrary, all substances used in medicine are poisonous, and every poison has its medical use.

Opium is both an admirable medicine and a redoubtable poison. Alcohol, which, taken in small quantity, is a salutary stimulant to digestion, in large amount produces serious disorders which are often fatal. And so the separation of medicines from poisons may become a difficult matter. M. Claude Bernard defines a poison as a substance which cannot enter into the composition of the blood nor penetrate into the organism without causing transient or permanent disorders. This distinct and formal definition enables us to distinguish a poison from an aliment. An aliment is an assimilable substance that should, when given, form part of the blood or of the tissues; a poison, on the contrary, should be eliminated and disappear, for its presence in the blood is only by accident. An egg is an aliment, because its constituents will be absorbed to pass afterward into the circulation. But if we give to a patient a grain of tartar emetic, we have administered a poison, because the emetic will be of necessity eliminated, since the organism cannot tolerate its presence in the blood. In every case the action of tartar emetic as a medicine is not different from its action as a poison, it is simply a mild dose of poison. It appears, then, that the distinction between a poison and a medicine is artificial, and should be banished absolutely from scientific language.

The study of poisons, then, is equally interesting to the physician and the physiologist. To the physician wishing to cure organs that are functionally diseased it shows how the substances act, so that toxicology, or the science of poisons, is the same thing as experimental therapeutics. Formerly, in the time of Orfila, experiments with poisons were devoted solely to clearing up the most delicate medico legal problems. To-day they are of service in every branch of medicine. Again, as M. Claude Bernard has said, a healthy organ and one that is diseased do not perform their functions differently, and the action of a poison upon a healthy organism may become a curative action in an organism that is diseased.

A great advance was made when it was attempted to limit the action of poisons to a single organ or tissue. It seems to us now that this idea was elementary, and that nothing was more simple than to try whether this or that substance acted more especially on the blood or muscle or on the brain. But this research, which seems to be the first step of toxicology, dates scarcely a score of years; and it may almost be said that the brilliant studies of M. Claude Bernard on curare formed its starting point. Previous to this, instead of analyzing the functions of organs and tissues, they had been considered chiefly in their totality. In all the physiological phenomena they tried to see the result of a specially-acting force upon the organs, and all the properties of these organs were called vital properties. Who holds these theories to-day? The principle of life is not unique, it is disseminated in all the living parts, and no one wishes to resuscitate the theories of the ancient school of Montpellier, which admitted a vital force presiding over organic functions. A living being is one composed of living organs that can die separately. These organs are composed of tissues, the tissues are formed from cellules, and all these parts may disappear

successively without the end of one being necessarily followed by the death of the others.

Take an example that will illustrate this proposition. The combustion of carbon in a confined atmosphere produces a toxic gas, carbonic oxide. This is what kills suicides who burn charcoal in a room hermetically sealed. Now, the carbonic oxide acts especially on a particular anatomical element, the red globules of the blood, and all the symptoms of poisoning by this agent are the consequence of this poisoning of the blood. This means that the blood dies before the other tissues, and if these finally perish, it only occurs because they are deprived of living blood, which is indispensable to their existence. Moreover, death by hæmorrhage presents the same phenomena as death by carbonic oxide; and we can in both cases restore all the appearances of life to the poisoned animal by restoring to its organism blood which replaces that which was lost in one instance and that which was unable to sustain life in the other. Physiological analysis goes even farther yet, for it has been found not only that the blood was poisoned, but even the part of the blood affected has been determined, the seat of the trouble having been located in the red globules, and more particularly in that constituent of the red globules which chemists have termed hemoglobine, which takes oxygen from the air and carries it to the tissues.

The same accurate knowledge which we possess concerning carbonic oxide unfortunately does not extend to all poisons. We know that blood, muscles, nerves, and the spinal cord have properties which are destroyed or perverted by certain special poisons, but our information rarely goes beyond this primary localization. I shall try here to study poisons which act upon a certain part of the organism, unquestionably one of the noblest since it is the organ of intellection, the brain. But I shall not endeavor to point out the very spot where the poisoning occurs. The location of the intellectual functions is not so accurately determined as to permit us to make any other study than that of symptoms. We shall see, then, what are the symptoms of poisoning of the intelligence, and perhaps this investigation may be as profitable to the philosophic mind as to physiologists, the union of the physical and the moral part being so intimate that it would be improper to separate them in this study.

Some sort of introduction like this was necessary in order to make it clear what was meant by the expression "poison of the intelligence." We do not wish to convey the impression that any poison acts solely upon the intelligence without affecting other organs and functions; we simply mean that its primary action is exerted upon the mind. And if later on the other functions are disturbed, this fact changes in no respect the power which it possessed of altering from the beginning the intellectual faculties. This is not, then, an exclusive action, it is only a predominent action, because there is no absolute classification of the facts of physiology,and all rigorous demarcation is necessarily arbitrary and liable to error. Moreover, to return to the example already cited,in the last period of poisoning by carbonic oxide there is an intellectual agitation, some delirium and other symptoms of perversion of the intellect; but these troubles only come consecutively, they are the result of the complete poisoning of the blood. The brain deprived of living blood is disturbed by its function, and as we observe delirium in cerebral anæmia following profuse hæmorrhages, so after poisoning by carbonic oxide, we observe intellectual disorders produced by the absence of living and oxygenated blood. Therefore, carbonic oxide is not a poison of the intelligence, it is a poison of the blood which only acts upon the brain because it has first affected the blood. It is otherwise with certain substances, such as alcohol and chloroform, which affect primarily the functions of the brain. Before any other functional troubles occur the intelligence is attacked—intelligence or sensibility, which is the same thing. It has nothing to do with the muscles, the blood, the heart or the lungs, but it exerts its poisonous action on the intellectual faculties, an action which is manifested by intoxication and delirium. It is true that, after a while, if the intoxication is prolonged, the heart, stomach and muscles end by feeling the effects of the perversion of the nervous centres; but these troubles are only secondary, and alcohol, like ether, haschisch, opium and coffee, is a veritable intellectual poison.

We ought not, for other reasons, to be surprised to see that poisons, which may at first alter the intelligence, may in the end extend their action to other functions. In fact, the central nervous system, which is the part attacked by the poison, presides over nearly all the grand vital functions, and while it is the organ of intelligence it is at the same time the organ which excites muscular movements, and which controls the functions of the heart, the digestive tube and the secretory glands scattered throughout the organism. So among the poisons of the central nervous system there are some that act on this or that function more than on some other, yet in the last stage of their action all these functions may finally become profoundly affected. Thus chloroform, which in the beginning acts by suppressing the will, memory and sentiment, or in other words, by disturbing the functions of the brain, ends by paralyzing, at a later period, the movements of the heart and of respiration, that is to say, the spinal cord; whereas the action of strychnine is the reverse of this, being first upon the spinal cord and afterward upon the brain. In the same way tartar emetic only acts upon the stomach through the intermediary nervous system. If we cut the vagus nerves which go from the spinal cord to the stomach, we prevent the vomiting from tartar emetic poisoning, and yet the poison leaves the intelligence intact, at least when given in a small dose, for a very large dose acts upon the heart first and afterward upon the intelligence.

Moreover, there are some poisons of the central nervous system which exert their action upon different parts of this tissue. If we consider the nervous system as having three principal functions—intelligence, which depends upon the cerebrum, voluntary movements depending upon the spinal cord, and organic movements of the heart, digestive tube and glands which depend on the medulla oblongata intermediary to the spinal cord and the brain—if we follow these divisions we shall find some poisons acting first on one or the other of these parts and consequently upon the functions which they control, but afterward exerting their action on all parts of the nervous system. We shall occupy ourselves at present only with those poisons which act first upon the brain and disturb the intellectual functions. We shall not seek to determine how they act, for their mode of action is still unknown. It is certain that the poison is conveyed to the brain by the blood, and that the action of the blood, charged with the toxic material, upon the nerve cellules of the circonvolutions, modifies them in a way that disturbs the mind. But what is this action? Is it a chemical combination of the poison with the cellules? Is it a mechanical difficulty in the cerebral circulation? That is a matter of which we are absolutely ignorant, and one which future experiments may some day enable us to understand. Nevertheless, before knowing the causes of things it is easy to know their effects, and if we do not understand the ultimate cause of poisonings of the brain we may at least study their results and symptoms.

II.

The study of poisons which affect the intellectual faculties presents a peculiar social interest in addition to its physiological and psychological relation. In fact, it appears that man, in all ages and in all countries, has been dissatisfied with the state of his intelligence, and has sought to excite it by toxic substances. Now that which characterizes all poisonings of the nervous system is that the poison, before destroying, excites;

and it is this surexcitation that man seeks with such ardor and passion. As soon as it has become a habit it imposes itself with such force that nothing can combat it. It is a veritable social peril, as much for the Chinese and Hindoos who smoke opium, as for Europeans who drink alcohol.

Alcohol is, as everyone knows, the result of the fermentation of sugar. All saccharine liquids, left to themselves, ferment and produce alcohol and carbonic acid; so all saccharine liquors, when fermented, are alcoholic drinks. The symptoms which these drinks produce are always very nearly the same. Although these symptoms have been known for all time, they have only rarely been the object of a methodic analysis; and perhaps it is only in the scattered works of novelists and dramatists that we can find ingenious and graphic descriptions of intoxication and its effects.

The first effect of alcoholic intoxication is a secret sense of satisfaction, a most agreeable kind of beatitude. At this moment it seems that the ideas become clear, difficulties and obstacles disappear, life; to use a common expression, is rose-colored, and there is contentment and happiness in living. If they continue to drink, the intellectual excitation augments and shows itself in various ways—in one word we may sum up all these forms by calling it a condition of hyperideation.

The hyperideation of intoxication in the first degree is a very curious and interesting phenomenon, but it will be dangerous to observe it too frequently as a personal experience. In this state there is a profusion of ideas of all sorts—joyous, glorious, lascivious, sad, pugnacious—ideas which succeed one another with great rapidity. Their distinguishing feature is their want of moderation, it seems as though there was no measure in the intelligence, all is out of proportion and everything expands. They feel the moral forces increased ten-fold, they think themseves capable of doing everything and of undertaking anything, and in the meantime new ideas follow each other without cessation; after one enterprise they think of another, and then of one more. All are impracticable, but all amuse for the moment until they vanish. Perhaps in the number there is something rational, but they have no time to grasp it; there is a perpetual to-and-fro motion, a kind of phantasmagoria, more or less seductive, in which they cannot find time to make a pause. We understand very well how impossible it is for them in this condition to keep their confidences, they become communicative and gushing. Even when the intoxication is slight, this tendency to overflow is manifested, but in a more advanced degree there is no confidence that it respects. As must fermenting throws to the surface everything there is at the bottom, so wine lays bare the most secret thoughts of those who have taken too much of it. This hyperideation is, in the main, only an excess of imagination, and sometimes this activity of the fancy shows itself in another way by ingenious sallies, ludicrous stories or eccentric freaks. There are some authors who cannot write unless in this condition of surexcitation, and it is this that gives their works a factitious stamp of originality. Often, while intoxicated, in the midst of this deluge of ideas all of a sudden there appears, without any logical connections, one idea which has nothing in common with the preceding fancies and which fixes itself with desperate tenacity. It constantly recurs in the midst of the others, just as in concerted music the theme reappears without cessation under the modulations and variations which surround it.

So we find two special characteristics of the first stage of intoxication, one is a rapid succession and the other a certain fixity of ideas. It seems at first as though there was a contradiction between these two forms of intellectual excitation, but there is none if we examine carefully the mechanism of the intelligence.

In the normal state all the faculties, imagination, judgment, memory, the association of ideas, are governed by another superior faculty, which is attention. Attention, or the will, is the man himself, it is the individuality which, being in full possession of resources which it controls uses them where it wills, when it wills, for any service it pleases. Now, in the intoxicated state, even in the beginning, the will and attention disappear. There is nothing more than imagination and memory left, which, abandoned to themselves without guidance or control, produce the most unexpected results. Sometimes there is one idea which they cannot drive away, sometimes there is an idea which they cannot retain, for attention is designed as much for the elimination of certain ideas as for the fixation of others. The fixed idea, then, may depend on an absence of attention as much as the idea that is too fleeting, and in both cases it is the consequence of poisoning of the brain by blood charged with alcohol. Therefore, although it may seem to one who is in the first stage of intoxication that his ability for work is increased, if he really wishes to work he will soon find himself unable to collect and fix his ideas, and the delusive fertility, with which he thinks himself endowed, will very soon appear to him like an actual impotence, against which he is unable to contend. Sometimes, however, perhaps by chance or from habit, the idea involuntarily fixed is precisely the one he wishes to elaborate, and this happy coincidence may make him think that his attention is intact, but this will prove to be an illusion, for it will be impossible for him to do any other work. It is by this loss of attention, then, by the sur-excitation of the imagination, and by the diminution of judgment, that the first effects of intoxication are characterized.

There are some men whom it is impossible to mak tipsy. In the end, after a great quantity of alcoho has been imbibed, they will have the symptoms o profound intoxication, the uncertainty of gait, un conquerable sleep, insensibility, vomiting, syncope: but they will not have had, in appearance at least, that period of intellectual excitation which characterizes the first moments of intoxication. This is a peculiar phenomenon, and due to the influence of the will. We have said that in intoxication the will and the attention are diminished, but they have not entirely disappeared, so that the will may even concentrate itself on the fear of intoxication. Thanks to this fixed idea, which the intoxication exaggerates still more in intensity, there is no external manifestation of delirium. Although within ourselves we may feel the psychologic effects of alcohol, we may yet have, in a large measure, the power to resist its invasion. Bad news, or a serious accident, suddenly sobers one unless the intoxication is too profound; it is then a very curious mixture of will-power and will-weakness. The will can prevent neither vertigo, interior illusions, nor troubles of locomotion; but it will often be able to control the loquaciousness which is generally the principal sign of intoxication. It seems as though there was a disagreement between the ideas and speech. As much as one is incompetent to act upon the first development of ideas, by so much he remains master of himself so far as his tongue and his acts are concerned. In spite of ourselves a crazy idea may appear and impose itself upon us, but fortunately we remain the judges of this idea, and if it appears foolish to us we are able to keep it to ourselves and not let what goes on within us be seen.

When, on the contrary, they yield to the first intoxication; when they abandon the will by giving loose rein to all the ridiculous fancies that occur to the mind, they are then unable to leave off, and it will require a grave emergency to put a stop to the hyperideation and the overflowing speech. It is characteristic of those who consent to become tipsy to say to themselves at the beginning of a dinner, "we will be free and easy," and from the very first glasses they are drunk. Sometimes even the intention to become drunk is equivalent to the act itself. We have seen

some persons drunk before they had taken a drink, and whose speech showed them to be clearly fuddled. This analogy is recognized in language. Good news, unexpected fortune, unhoped-for success, produce an affect analogous to intoxication, and we say that one is "drunk with success."

There is then, besides the intoxication of alcohol, a kind of moral intoxication which resembles it, and which is manifested by the same effects; but this kind is observed more rarely, it is not given to everyone to experience it. Certain persons are endowed with a nervous temperament that is delicate and excitable. These are nervous temperaments, but not wholly so in the sense as usually applied. They are nervous so far as the brain is concerned. The slightest accident upsets their balance of judgment. By the smallest emotion, or the least annoyance, their presence of mind and courage is at once destroyed. When they are in their normal state they are wanting neither in judgment nor in will-power, but let an unforseen accident happen, and will, judgment, reflection, all suddenly disappear, and the condition of the intellectual faculties is equivalent to that produced by intoxication. In such persons the slightest access of fever brings at once delirium and hyperideation. In common parlance, they are "weak-headed," and unless they take care of themselves they become intoxicated before they are aware of it, with a deplorable facility which plays them many an evil trick. We may reasonably compare this predisposition to that nervous state so common in women, and known as hysteria. Now, women, and particularly hysterical women, become intoxicated very easily. The smallest dose of alcohol suffices to make them lose their heads. In fact, in those who are hysterical, as in the cases of predisposition, the will and the attention are feeble, and it only takes a very little thing to make them disappear entirely. Besides the individual predisposition there are other conditions that should be taken into account, the different kinds of intoxication and the relative rapidity with which in each the intoxication appears. The intoxication of brandy is dull and heavy, it produces scarcely any intellectual excitation, and seems at first to act upon the organic functions of circulation and respiration. On the contrary, the intoxication of wine is light and stimulating, particularly Champagne and Burgundy wine, which are chiefly characterized by psychic effects. Finally, the mixture of liquors of different kinds increases very much the intensity of their action. The rapidity and facility with which alcohol is absorbed is not without some influence. So, when one is fasting, alcohol acts very quickly; on the contrary, when taken after a hearty meal, it is absorbed more slowly, and its toxic effects are less to be dreaded. In England, where alcohol has made its ravages even in the highest circles of society, a queer custom was, in olden times, practised by some which enabled them to drink a great deal without becoming drunk; this consisted of drinking a glass of oil at the beginning of the dinner, and thus preventing the absorption of alcohol by the stomach and intestines. This disgusting custom was, it appears, in use in former times when immoderate drinking was more common than now.

The external temperature has a certain effect. While I was in Egpyt, in the month of September, it was intensely hot; and I remember that a half-glass of Bordeaux, mixed with water, was sufficient to make me giddy, and that if I had not taken care, and had continued to drink the reddened water, there might have been disagreeable consequences. Perhaps this increased power of the wine was accounted for by the rapidity with which alcohol volatilizes at a temperature of forty degrees; but the explanation is not very satisfactory, for whatever may be the external temperature that of the blood remains almost invariable. The sudden effect of exterior cold is also interesting to note. Thus one who rises from the table only slightly stimulated, and who exposes himself suddenly to a freezing air, may feel in an instant the effects of intoxication. It is supposed that this immediate action of the alcohol is due to the sudden suppression of its excretion by the skin and the lungs. It is for this reason, as Dr. Burrill remarks, that the monks of St. Bernard only give coffee to travelers.

From all that precedes, we may conclude that a feeble dose of alcohol surexcites certain intellectual faculties — imagination, memory, the association of ideas—but that it paralyzes some others, especially the will, reflection and judgment. Nevertheless, from one strong dose there may be a disappearance of all traces of intelligence.

To the exaltation succeeds a profound depression, a true *coma*, using the word in its technical sense. Insensibility is complete, no exterior excitation can awaken the unfortunate being who is dead drunk. Thus, surgical operations may be made painless, the same as with chloroform; and Montaigne gives instances of this, too long to be repeated here. This period of complete anæsthesia is far from being without danger, and frequently death occurs in the comatose period of intoxication.

It is in this manner that the phenomena of intoxication succeed each other in most cases; but occasionally between the period of coma and that of excitation, there comes a very serious condition, which the ancient authors called convulsive intoxication. "Ten men," says Percy, "can scarcely control such a madman. His countenance is ferocious, his eyes glitter, the hair bristles, his gestures are menacing. He grinds his teeth, spits at his attendants, and, to render the picture still more hideous, tries to bite those who approach him; he tears at everything, lacerating himself if his hands are free, clawing the earth if he can escape, and uttering frightful screams." It is to this terrible period of intoxication that the crimes and murders belong which are committed by drunkards. Those who have this kind of intoxication are as irresponsible as lunatics, and the delirium which Percy has described so graphically is absolutely like the delirium of maniacs. But this form of intoxication only occurs to those whose blood is vitiated by previous alcoholic excesses, and it is one of the notable incidents of alcoholism that the furious delirium may come after a new excess in drink, when this excess has perhaps been relatively less than those which have preceded it.

The action of alcohol, however, is not merely a rapid intoxication of short duration; if its use or abuse is prolonged for a long time it may become a chronic intoxication, which profoundly disturbs the functions of our organs and ends by altering all the tissues. The nervous system is altered, and particularly the brain; more, perhaps, than the other organic systems. Accurate experiments made upon animals whose food has been mixed with alcohol have demonstrated that the brain will absorb a certain quantity of this substance, by reason of the elective affinity which certain tissues have for certain poisons, so that after killing dogs thus intoxicated we may take the brain and recover by distillation a certain quantity of alcohol. If the experiment is continued for a long time, these unfortunate dogs, unwilling victims of drunkenness, end, in the long run, by losing their intelligence. They become uneasy, melancholy, restless. According to M. Magnan, they have veritable hallucinations. At times they think they are being pursued, and run off affrighted, howling and trying to bite at the empty air. At other times, in the middle of the night, they utter plaintive groans, and tremble in every limb, as though they saw in front of them some horrible phantom.

In man, likewise, melancholy and fear are the results of chronic poisoning of the intelligence by alcohol. It seems as though, by a kind of legitimate penalty, nature made expiation for the joys of intoxication by the terrors of alcoholism. At first there is only a vague sense of indefinable melancholy, which they seek to combat by new doses of the poison. Little by little

this melancholy increases. At night, when in that state which is not quite sleep nor yet a condition of wakefulness, phantoms may appear, ill defined, but repulsive in shape. These are not yet true hallucinations, they are merely illusions; but soon the hallucinations come, hideous forms, disgusting animals, or terrifying objects borrowed from the domain of real life. One cannot get a better idea of this form of delirium than by reading the cases of alcoholic lunacy as they occur in medical literature. It is sufficient to borrow one example from M. Magnan, and as all these cases resemble each other we may judge very well from this simple example concerning the most common form of alcoholic delirium. It occurred in a woman forty-five years old, who had been drinking for a long period. "As soon as the light was extinguished hallucinations would come with the darkness. She tried to fix her attention upon other objects. She closes her eyes and tries to sleep. It is in vain, all at once she hears the voice of her parents, the groans and cries of her daughter being carried off. She sees spiders' webs on the walls, whose threads, filaments and meshes shorten and elongate, in their midst black balls appear, which swell and diminish, taking the form of cats and rats, which pass along the threads, jump over the bed and disappear. Then she sees birds, grimacing faces, apes, which run around, coming out of the wall and re-entering it, chickens who bury themselves, and which she tries to catch. On all the roofs of the neighboring houses appear men armed with guns. Through a hole in the wall she sees the barrel of a revolver aimed at her; fires break out on all sides, the houses fall in, all disappears. In the midst of the tumult she sees her husband and her children butchered, as they are crying fire, by the assassin whom they had called to help them. She hears the clocks, music, the noise of a machine alongside of her chamber, then chants and confused cries. The trees seem to dance, and are covered with globes of all colors, which move backward, swell up and diminish. For a moment immense fires of various colors light up the horizon."

Sometimes these hallucinations are so frightful that they compel the unfortunate victim to kill himself. Nothing is more common than the suicide of drunkards. According to Brierre de Boismont in a total of 4,595 cases of suicide, there were 530 from intoxication—about one-ninth. This is a notable proportion, a grave social consequence of the abuse of alcoholic drinks.

These baneful effects of alcohol are well known; how does it happen then that everywhere, in all climates and in all ages, man has had such a love for this poison? He is, moreover, the only animal that has a passion for strong drink. It is barely possible to cite a few instances, wholly exceptional, of apes or dogs who have been known to drink alcoholic mixtures and have taken a certain pleasure in it, yet for man this pleasure is general, and hardly permits of an exception. It is because man alone has need of forgetfulness. Often the reality of life is cruel, saddened by fatigues, cares, disappointments. Sometimes we see the workmen in our large cities overcome by misery and giving way under the severest toil; sometimes the inhabitants of the cold fogs of Scotland and Norway, or the icy steppes of Russia; sometimes the unfortunate savages of feeble intelligence, striving against famine and bending under the galling yoke of a despot, wholly miserable and oppressed, bowing to destiny. Nevertheless, they have the means of escaping from this servitude; a few drops of this cordial serve to banish all the gloom. Misery, cold and hunger will have vanished; they will feel strong and powerful. The sufferings of yesterday will be forgotten, they will hardly care for those of to-morrow, and with the alcohol which stupefies them it will seem to them as though they had filled their veins with health and happiness.

(Recently, in a very strange work, in all respects, in l'Assommoir of M. Zola, the effects of alcohol have been described in detail. The evils it engenders are represented in all their cynical horror; misery, prostitution, debauchery, crime; such are the fatal consequences of alcolism and drunkenness. So M. Zola's book cannot be considered as absolutely immoral, although the talent of the author may be veiled by the grossness of the language.)

It is, therefore, among the poor peasants and in cold climates, where poverty is especially hard, that alcoholism makes the greatest ravages; in England for example. There, drunkenness has become a social scourge. Among a million paupers helped by public charity there were, in 1865, 800,000 drunkards. The drinks which serve for daily consumption are generally whiskey and gin. Whiskey is the product of the distillation of fermented corn or rye. Gin or spirits is obtained by the distillation of the spirits of grain upon juniper berries. We may add to these the wines of France and Spain, for the most part adulterated, porter, ale, and stout, beers very rich in alcohol. In the United States, where the thirst for alcohol is not less than in England, beside whiskey and gin, they drink adulterated brandy, and rum obtained by the fermentation of molasses. In Sweden alcohol has made great ravages. According to statistics each inhabitant, with the exception of women and children, consumes about 100 litres (22.01 gallons) of alcohol a year. On Sundays, in the villages, it is rare to encounter any one who is not drunk. Nevertheless, the Swedes are a laborious people, intelligent, and one of the most honest in Europe. In Russia, the consumption of alcohol is enormous, and is unfortunately encouraged by the tax-collectors. Beside the spirits of grain, such as vodki and kummel, there are a great number of other alcoholic drinks, brega, or white beer, symorosli, or wine of birch, produced by the fermentation of the sap of the birch tree. The Tartars of the East drink fermented mare's milk, a very alcoholic liquor, known as koumys.

On the contrary, in temperate climates and in the countries of the South of Europe, drunkenness is a rare vice. The Spanish are proverbially sober. Greeks, Italians and Turks only rarely allow themselves any excess in drink. In France, fortunately, alcoholism is limited in extent. Absolutely rare in the south of France, it is more common in the north, notably in Bretagne, in Normandy, and in Flanders. Finally, excess of drink destroys every year about 50,000 persons in England, 40,000 in Germany, 25,000 in Russia, 4,000 in Belgium, and only 2,000 in France.

People reduced to servitude, and those who have emigrated in order to support themselves, are rarely sober; they drink to drown their troubles. The Irish and Poles are of this class, and of all the people of Europe they are the most given to drunkenness. In Asia, the Chinese are generally very sober, but when they emigrate, whether to the United States, to Cochin-China, to the Indies, or to the different islands of Oriental Asia, they become desperate drunkards, drinking the rice or grain spirits, which the Anglo-Saxons, caring little for morality, sell at the lowest price.

It is curious to observe how savage tribes, in the presence of European civilization, have immediately borrowed its most pernicious feature, the habit of intoxication. In America, the Indians, and in Australia, the miserable tribes of the interior, consume immense quantities of "fire-water." The evil has made such frightful progress with them that these people will probably soon disappear before the invaders. All along the coasts of Africa, in Guinea, in Congo, at the Cape, in Abyssinia, the European traders sell strong liquors, which ravage the tribes. The distillation of millet and honey, the wines of the palm, date, and banana do not suffice for them; they must have the grain-spirit from Europe. These childish people, who are not capable of moderating their desires nor of governing their passions, drink madly, and are not satisfied until they are dead-drunk. According to M. Picqué, the Tahitians were formerly ignorant of the use of alcoholic liquors, but in 1796 the Europeans having taught them the fer-

mentation of the fruits of their country, they were seized with a crazy passion for the boisterous drunkenness which these liquors produce. Thenceforth they subjected to fermentation the juice of oranges, pomegranates, pine-apples, and a multitude of other fruits. M. Picqué also reports the example of the Laplanders of Finmark, who know nothing of the art of distillation, but when they came alongside the vessel, the first thing they asked the sailors was for some brandy, and they were soon dead-drunk.

Among the numerous poisonous drinks employed by man to pervert his intelligence, we have not yet spoken of absinthe. In fact, absinthe does not act solely by means of the alcohol it contains, but rather by the essence of absinthe, which, even in a small dose, is a notable poison. That which distinguishes absinthe from alcohol is that, instead of acting solely on the encephalic nervous system, it also acts with great rapidity upon the spinal cord, producing tremors, paroxysms of epileptiform convulsions, and, finally, attacks of epilepsy. It appears, moreover, to produce a kind of special intoxication. The same feeling of satisfaction and comfort occurs as in alcohol, and the effects of beatitude and hyper-ideation are more marked with absinthe than with alcohol. Perhaps the sensation of warmth and comfort which absinthe gives may be attributed to its effect upon the spinal cord, but in every case it is an energetic poison, and its prolonged effects become injurious to the intelligence far more rapidly than those of alcohol, as the patient researches of M. Magnan have demonstrated. Therefore, absinthe should be absolutely prohibited by law from being used, although we should not dream of doing the same with alcohol. Alcohol is an excellent stimulant, which, in a moderate dose, is agreeable, and at the same time useful. It is a reparative aliment; it is besides a tonic medicament whose efficacy is incontestable. But how feeble are its advantages alongside of its defects!

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Report of the Bureau of Pædology.

DR. AMELIA WRIGHT, CHAIRMAN.

Dr. Helene S. Lassen presented a paper entitled "A Case of Cerebral Disease." Was it originally cerebral, or was it produced by Allopathic drugging?

A paper, by Dr. Clarence M. Conant, on "Infantile Constipation," read by the chairman, elicited the following discussion:

A Member—Why would it not answer as well to put the child to the breast 48 hours after birth as when first born?

Dr. Wright—In addition to the reason given by the author of the paper, viz., that the colostrum will prevent constipation, the act of nursing will be of service to the mother, by exciting uterine contractions, thereby preventing uterine hemorrhage.

A Member—But suppose you are getting normal contractions?

Dr. Wright—Individual cases call for individual treatment—much must depend upon the condition of mother and child.

A Member—If the mother is comfortable and the child cries, why should it not be placed at the breast?

A Member—It does not follow that because a child cries, it must be hungry.

Dr. Doane—I think that right here is where physicians make a mistake. I do not think that because a child cries, it needs food. Its stomach is damaged by filling it with food, and the more the child cries, the more they feed it. A child, before it has cut its teeth, has nothing with which to masticate its food; it should, therefore, be given in a liquid state. If you feed the child even bread, you put something into its stomach which will not digest. This may be proved by testing. I do not think any food containing starch should be given before the child reaches the age of five or six months; if it is, the child will begin to drool. The only way in which I think starch can be nutritious to the child is in sugar. I believe improper feeding to be a great cause of the frightful mortality among children. I had charge of a case of confinement of an Irish woman (very healthy) with her eleventh child. No milk had been secreted at either birth, and she had brought them up on bread and milk, and, as she expressed it, they had pined away and died, only two having survived. Now, in my opinion, these children were killed by the indigestible starch in the bread. Of late years I have had a great deal better luck with babies than I used to have, which I think arises to a great extent from the care I give them immediately after birth. Formerly the child, born into the world just as the creator wanted it, was, after the doctor had performed his task, passed over to the nurse. First, she would discover that the skin had not been put on right, some way. So she would bandage, pulling as energetically as she could, and pinning about every half inch, in that way to compensate nature for leaving the skin too loose. And then commenced the process of stuffing, followed by the process of churning, accomplished by laying the baby on its back and trotting it. Pretty soon it vomits. In this way, by improper management, by improper food, and by churning these little stomachs, we make short tombs in all of our cemeteries. I believe it to be the duty of the physician to instruct a nurse not to interfere with nature. During the last ten or twelve years of my practice, I have tried not to interfere with the prerogative of the Deity, and I do not have half the trouble with babies that I did before.

Dr. Osborne—In regard to washing the child's mouth with cold water, I think the paper states that it should be washed once a day. I should say half a dozen times a day. At this point, I should like to mention something new to me with regard to drying the milk when the mother does not intend to nurse the child. I have found bandaging the mammal to work very nicely.

Dr. Carr—I should like to call attention to an article, but recently known to me, which I have found efficacious in removing hardness of the breasts: equal parts of carbolic acid and sweet oil rubbed on the breasts every three or four hours.

Dr. Doane—I think I have obviated one difficulty in a very simple way—*i. e.*, by dressing the umbilicus with a wad of cotton batting, instead of the old way.

Dr. Wright—That is a method very generally used, and is recommended by Dr. Guernsey in his work on obstetrics.

Dr. Adams—Turn the cord upward and to the left—I have yet to see any ill effect when this rule was observed.

Dr. Chamberlain—In case of broken breast, I have learned that it is well to keep the patient as free from drink as possible; also, that steady, firm pressure rather than rubbing is better when the breast is caked.

On motion, the Bureau was closed, and Dr. Amelia Wright elected chairman for the ensuing year.

The Bureau of Surgery

Reported the following papers, through Dr. M. O. Terry:

1. Gastro-Elytrotomy a Substitute for the Cæserean Section. By H. I. Ostrom, M. D.
2. Hydrocele and its Treatment. By F. W. Adriance, M. D.
3. On the Uses of Wire, Cross-barred, as a Surgical Appliance (a Modification of the Sayre Plaster Jacket). By M. O. Terry, M. D.
4. Surgical Use of Bandage. By J. T. Hotchkiss, M. D.

Upon motion, the Bureau was closed, and E. Carleton, Jr., M. D., elected chairman for the ensuing year.

REPORT OF THE BUREAU OF OBSTETRICS.

PRESENTED THROUGH DR. C. A. BACON.

1. After-Pains, Physiologically, Pathologically, and Therapeutically Considered. By A. P. Hollett, M. D.
2. Three Cases of Malformations. By E. Hasbrouck, M. D.

Upon motion, the Bureau was closed, and C. A. Bacon, M. D., elected chairman for the ensuing year.

THE BUREAU OF GYNÆCOLOGY

Reported—

1. Uterine Hæmorrhage. By C. J. Farley, M. D.
2. Use of Hydrastis Canadensis in Diseases of Females. By E. J. Pierce, M. D.

Upon motion, the Bureau was closed, and Anna C. Howland, M. D., was elected chairman for ensuing year.

THE BUREAU OF VITAL STATISTICS

Reported a paper on "Longevity," by the chairman, Dr. A. W. Holden; and upon motion, the Bureau was closed, and Dr. Holden continued as chairman.

THE BUREAU OF OPHTHALMOLOGY

Reported a paper on "Duboisia," by the chairman, C. Th. Liebold, M. D.; and upon motion, the Bureau was closed, and Dr. Liebold re-elected for ensuing year.

DEPARTMENT OF LARYNGOLOGY

Reported—

1. Laryngitis a Special Disease. By C. E. Jones, M. D.

Upon motion, the Bureau was closed, and C. E. Jones, M. D., elected chairman for the ensuing year.

DEPARTMENT OF OTOLOGY

Reported—

1. A Case of Otitis Media Hæmorrhagica. By W. P. Fowler, M. D.

Upon motion, Bureau closed, and Dr. Fowler was elected chairman for the ensuing year.

BUREAU OF HISTOLOGY

Reported a paper by the chairman, Bukk G. Carleton, M. D., entitled "A Pathological Report;" and upon motion, Burean was closed, and Dr. Carleton continued chairman the ensuing year.

THE BUREAU OF VACCINATION

Presented no report, and W. B. Kenyon, M. D., was elected chairman for the ensuing year.

THE BUREAU OF CLIMATOLOGY

Presented no report, and upon motion, A. R. Wright, M. D., was elected chairman for the ensuing year.

H. D. Paine M. D., was elected Necrologist for the ensuing year.

J. W. Dowling, M. D., was appointed to report "On Physical Diagnosis."

Drs. Dowling, Hills, Watson, Holden, Talcott, A. R. Wright, Paine, and Hollett were appointed a committee on reception of the American Institute.

Upon motion of Dr. H. M. Paine, the following resolution was adopted:

Resolved, That we approve the series of experiments instituted by the Milwaukee Academy of Medicine, with a view of determining the scientific and medicinal qualities of the thirtieth Hahnemannian potency, and hereby recommend that a committee of this Society be appointed to co-operate with the committee of the Milwaukee Academy, for the purpose of promoting the proposed investigation; and Drs. Paine, Wildes, and Gardiner were appointed.

Upon motion, the Treasurer was authorized to credit Chautauqua Co. Society with $20.

Dr. H. M. Paine gave notice that, at the next annual meeting, he should move a change in the time of holding the annual meeting to the first Tuesday and Wednesday of February.

Upon motion, a set of the Volumes of Transactions of the Society were donated to the Strassbourg Library, at the request of its Librarian.

Upon motion, a vote of thanks was tendered the retiring President, for his efforts in behalf of the Society; and also to the Supervisors, for the use of their room on this occasion.

Adjourned.

ALFRED. K. HILLS,
Recording Secretary.

MEDICAL ITEMS AND NEWS.

THE Connecticut State Medical Society has voted to uphold the County Society in expelling Dr. M. B. Pardee, of South Norwalk. The doctor defended himself nobly, in a long address covering the points at issue, and claims that the evidence in his favor was not considered, while that against him was duly examined and acted upon.

The time will come, and that before very long, too, when these so-called scientists will be ashamed of their actions. "*In Certis unitas, in dubiis libertas, in Omnibus Charitas*," must be our motto, or else we shall degenerate into a mob of bigots unworthy the title we claim.

Dr. S. H. TALCOTT delighted the citizens of Middletown in a popular lecture on the "Brain." "He thinks the schooling of the young is begun far too early in this country, and is pushed too rapidly. The real work of education should begin with girls not before the age of eighteen, and with boys earlier. Their days before that time should be spent in acquiring vigorous constitutions, and their nights in refreshing, dreamless sleep. Life, health, body and brain are destroyed by overwork, worry, indulgence, want of sleep and rest. The brain is not only a delicate organ physically, but should be carefully used and protected. The brain is a retentive organ, and parents should take great care that the earliest and most lasting impressions which their children receive should be good. Whoever stamps a bad impression upon the mind of a child commits one of the greatest possible wrongs."

TROMMER'S Extract of Malt has been so long favorably known to the profession that it is scarcely necessary for us to call attention to it as an article of diet. The fact that it has nearly superseded the imported preparation is sufficient evidence of its superiority.

CHESTER HILL LADIES' SANITARIUM, Port Chester, N. Y., Dr. Philo Brauns, Physician and Surgeon. Devoted to the treatment of gynecological cases requiring medical or surgical treatment. References: Dr. E. Guernsey, of New York, Dr. C. Hering, of Philadelphia.

REMOVALS.—Dr. W. Storm White to 228 West 34th street; Dr. Henry von Musits to 1233 Lexington avenue.

DR. J. A. CARMICHAEL has been appointed to the Chair of Anatomy in the U. S. Medical College in this city. Dr. Carmichael's great ability as a teacher will give additional strength to the college.

Dr. L. S. ORDWAY, of Hot Springs, Ark., has been elected a member of the local Board of Health.

WANTED.—A copy of "*Lippe's Materia Medica.*" Address *C. H. L.*, office of this JOURNAL, naming price.

ESSENCE OF MEAT.—Of the numerous extracts of meat before the public we know of none so palatable and nutritious as those of the London Manufacturing Company. The profession are adopting them in preference to all other extracts. The physician finds in them what he so often needs, a concentrated meat stimulant and also an exceedingly pleasant nutrient.